

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000124695

1. Entity Name
LAKEVIEW MANOR ASSISTED LIVING FACILITY, INC.



Principal Place of Business
**5357 BROSCHER RD
ORLANDO, FL 32807**

Mailing Address
**5357 BROSCHER RD
ORLANDO, FL 32807**



02012005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
42-1587692

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**CASTILLO, FERNANDO L
5357 BROSCHER RD
ORLANDO, FL 32807**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASTILLO, FERNANDO 3357 BROSCHER RD ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CASTILLO, MARILYN 5357 BROSCHER ROAD ORLANDO, FL 32807
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAPINOSO, ROSANO 150-07 7TH AVE WHITESTONE, NY 11357
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLORO, HONORIA 150-07 7TH AVE WHITESTONE, NY 11357
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000223920
02/10/05-80064-004 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FERNANDO L. CASTILLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/7/05 (407) 277-7103