

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90041 035 ***150.00

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1. Entity Name
LAKEVIEW REALTY OF HIGHLANDS COUNTY, INC.



Principal Place of Business
**100 CLUBHOUSE LANE
SEBRING, FL 33876 US**

Mailing Address
**100 CLUBHOUSE LANE
SEBRING, FL 33876 US**

DO NOT WRITE IN THIS SPACE



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number **59-2796326** Applied For
~~50-2796326~~ Not Applicable

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

6. Name and Address of Current Registered Agent

**BREED, E. MARK III
325 NORTH COMMERCE AVENUE
SEBRING, FL 33876**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **1ST**
NAME **TELSCHOW, MICHAEL A**
STREET ADDRESS **100 CLUBHOUSE LANE**
CITY-ST-ZIP **SEBRING, FL 33876**

TITLE **ST (P)**
NAME **HORAK, RALPH**
STREET ADDRESS **200 HEALTHY WAY**
CITY-ST-ZIP **SEBRING, FL 33876**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Ralph Horak* **2/28/08** **863 655-0900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #