2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000080531

Entity Name: LAKE VIEW RETIREMENT RESIDENCE, INC.

Electronic Signature of Registered Agent

FILED Oct 07, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
2304-2308 NORTHWEST 52ND COURT FT LAUDERDALE, FL 33309		3920 NW 36TH AVENUE LAUDERDALE LAKES, FL 33309	
Current Mailing Address:		New Mailing Address:	
2304-2308 NORTHWEST 52ND COURT FT LAUDERDALE, FL 33309		3920 NW 36TH AVENUE LAUDERDALE LAKES, FL 33309	
FEI Number: 65-0782116	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:		Name and Address of New Registered Agent:	
BELL, SONIA Y 3920 NW 36TH AVE LAUDERDALE LAKES, FL	. 33309 US		

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

OFFICERS AND DIRECTORS:

831 SW 70TH WAY

NORTH LAUDERDALE, FL 33068

in the State of Florida.

SIGNATURE:

Address: City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Date

Title: PSTD () Delete Title: **PSTD** (X) Change () Addition BELL, SONIA Y BELL, SONIA Y Name: Name: 2304-2308 NORTHWEST 52ND COURT Address: 3920 NW 36TH AVENUE Address: City-St-Zip: FT LAUDERDALE, FL 33309 City-St-Zip: LAUDERDALE LAKES, FL 33309 Title: VΡ () Delete Title: () Change () Addition STUPORT, SOPHIA Name: Name: Address: Address: 7512 SW 5TH STREET NORTH LAUDERDALE, FL 33068 City-St-Zip: City-St-Zip: Title: AVP Title: () Delete () Change () Addition Name: FEGUIERE, SUE-ANN Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: SONIA BELL PRES 10/07/2008