


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90018 024 \*\*\*150.00

<b>DOCUMENT # S12493</b> 1. Entity Name <b>LAKE VIEW APARTMENTS OF BELLEVIEW, INC.</b>					
Principal Place of Business <b>9981 SUNSET HARBOR RD SUMMERFIELD, FL 34491</b>			Mailing Address <b>PO BOX 1353 SUMMERFIELD, FL 34492</b>		
2. Principal Place of Business - No P.O. Box # <b>10350 SE SUNSET HARBOR RD</b>		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>SUMMERFIELD FL</b>		City & State		4. FEI Number <b>59-3116219</b>	
Zip <b>34491</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>PETERSON, JOHN K. 9981 SUN SET HARBOR ROAD SUMMERFIELD, FL 34491</b>			7. Name and Address of New Registered Agent Name <b>JOHN K PETERSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>10350 SE SUNSET HARBOR RD</b> City <b>SUMMERFIELD</b> <b>FL</b> Zip Code <b>34491</b>		
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 <u><i>John Peterson</i></u> (NOTE: Registered Agent signature required when reinstating) <span style="float: right;">DATE <u>2-13-08</u></span>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PETERSON, JOHN K. 9981 SUNSET HARBOR ROAD SUMMERFIELD, FL 34491	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETERSON, JOHN K. 9981 SUNSET HARBOR ROAD SUMMERFIELD, FL 34491	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETERSON, JOHN K. 9981 SUNSET HARBOR ROAD SUMMERFIELD, FL 34491	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETERSON, JOHN K. 9981 SUNSET HARBOR ROAD SUMMERFIELD, FL 34491	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETERSON, JOHN K. 9981 SUNSET HARBOR ROAD SUMMERFIELD, FL 34491	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PETERSON, JOHN K. 9981 SUNSET HARBOR ROAD SUMMERFIELD, FL 34491	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>John Peterson</i></u> <b>JOHN K. PETERSON</b> <u>2-13-08</u> (312) 857-3665 <small>(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) Daytime Phone #</small>					