## 2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 711038** 

Entity Name: LAKE VIEW WEST APTS., INC.

**Current Principal Place of Business:** 

2000 DIANA DRIVE HALLANDALE, FL 33009

**FILED** Apr 29, 2014 **Secretary of State** CC2079283013

## **Current Mailing Address:**

PO BOX 85186

HALLANDALE, FL 33008-5186

FEI Number: 59-1644234 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

VAN LOAN, DONALD 2000 DIANA DR **APT 207** HALLANDALE, FL 33009 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## Officer/Director Detail:

Title SD Title **VPD** 

Name PACITTI, DONALD Name D'ANNUNZIO. MICHAEL Address 2000 DIANA DR #306 Address 2000 DIANA DR #307 City-State-Zip: HALLANDALE FL 33009 City-State-Zip: HALLANDALE FL 33009

Title Title PD

Name BERNSTEIN, JACK Name VAN LOAN, DONALD Address 2000 DIANA DR #305 Address 2000 DIANA DR #207 City-State-Zip: HALLANDALE FL 33009 HALLANDALE FL 33009 City-State-Zip:

Title D Title

AMATO, RAY Name Name HERKERT, ALBERT

2000 DIANA DR #104 Address Address 2000 DIANA DR #101 City-State-Zip: HALLANDALE FL 33009 City-State-Zip: HALLANDALE FL 33009

Title DIRECTOR Title **DIRECTOR** 

Name COMPAGNUCCI, CHARLIE Name COMPAGNUCCI, CHARLIE Address 2000 DIANA DRIVE #105 Address 2000 DIANA DRIVE #105

City-State-Zip: HALLANDALE BEACH FL 33009 City-State-Zip: HALLANDALE BEACH FL 33009

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD VAN LOAN

Ρ

04/29/2014