#### 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 726776** 

Entity Name: LAKEVIEW GREENS CONDOMINIUM ASSOCIATION "A", INC.

FILED Feb 25, 2016 Secretary of State CC2016938309

# **Current Principal Place of Business:**

MAHOGANY SERIVCES, INC. 21 S.E. 5TH STREET SUITE # 100 BOCA RATON, FL 33432

# **Current Mailing Address:**

MAHOGANY SERVICES, INC. 21 S.E. 5TH STREET SUITE #100 BOCA RATON, FL 33432 US

FEI Number: 59-1725638 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

MAHOGANY SERVICES, INC. MAHOGANY SERIVCES, INC. 21 S.E. 5TH STREET SUITE # 100 BOCA RATON, FL 33432 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: HOWARD ELIAS 02/25/2016

Electronic Signature of Registered Agent Date

#### Officer/Director Detail:

TitlePRESIDENT/DIRECTORTitleSECRETARYNameNELSON, MARYNameTSIKNAS, PETE

Address 3011 LINTON BLVD #D105 Address 3011 LINTON BLVD #D205

City-State-Zip: DELRAY BEACH FL 33445 City-State-Zip: DELRAY BEACH FL 33445

TitleTREASURERTitleSECRETARYNameKENDALL, SHERMANNameCASCIO, PETER

Address 1600 DOVER RD #B112 Address 1600 DOVER RD B-104

City-State-Zip: DELRAY BEACH FL 33445

City-State-Zip: DELRAY BEACH FL 33445

Title DIRECTOR

Name VILLANO, ELAINE

Address 3001 LINTON BLVD #C113
City-State-Zip: DELRAY BEACH FL 33445

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: MARY NELSON PRESIDENT 02/25/2016