## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 727980** 

Entity Name: THE LAKEVIEW CONDOMINIUM, INC.

**Current Principal Place of Business:** 

3902 BRIDGES ROAD GROVELAND, FL 34736

**Current Mailing Address:** 

P.O. BOX 1009

GROVELAND, FL 34736 US

FEI Number: 59-1835876 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSAIC SERVICES LLC 3902 BRIDGES ROAD GROVELAND, FL 34736 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: JENNIFER S CAIN 04/03/2024

Electronic Signature of Registered Agent

Date

**FILED** Apr 03, 2024

**Secretary of State** 

7269922159CC

Officer/Director Detail:

Title **PRESIDENT** Title TREASURER, DIRECTOR POE, LISA Name RODRIGUEZ, SANDRA Name

P.O. BOX 1009 Address P.O. BOX 1009 Address

City-State-Zip: GROVELAND FL 34736 GROVELAND FL 34736 City-State-Zip:

Title DIRECTOR Title SECRETARY, DIRECTOR Name DUHIGG, RANDI Name RIVERA, HILDA Address P.O. BOX 1009 Address P.O. BOX 1009

GROVELAND FL 34736 City-State-Zip: City-State-Zip: GROVELAND FL 34736

Title ASST. SECRETARY, VP Title **DIRECTOR** Name MARTIN-DIAZ, JUDI TAYLOR, JOY Name Address P.O. BOX 1009

P.O. BOX 1009 Address

City-State-Zip: GROVELAND FL 34736 City-State-Zip: GROVELAND FL 34736

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.

04/03/2024 SIGNATURE: LISA POE **PRESIDENT**