

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757284

**FILED**  
**Apr 28, 2022**  
**Secretary of State**  
**8170473663CC**

**Entity Name:** LAKE VIEW PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS, FL 32714

**Current Mailing Address:**

1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS, FL 32714 US

**FEI Number:** 59-2147851

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPECIALTY MANAGEMENT COMPANY  
1000 PINE HOLLOW POINT  
ALTAMONTE SPRINGS, FL 32714 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:** BRETT M JORDAN

04/28/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            GRAHAM, MALLORY  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            VP  
Name            PHILLIPS, KATHY  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            CARTER, JOHN  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            CLAXTON, ANDREA  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            RUSSELL, FIONA  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            PARKER, SANDRA  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            ROWE, PAUL  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title            DIRECTOR  
Name            MILLER JR, WALTER  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714

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*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:** JOHN CARTER

**DIRECTOR**

04/28/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            SECRETARY, TREASURER  
Name            CHRISTIE, SHERENE  
Address        1000 PINE HOLLOW POINT  
City-State-Zip: ALTAMONTE SPRINGS FL 32714