

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 757284

**FILED**  
**Apr 22, 2014**  
**Secretary of State**  
**CC5318130178**

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

**Current Principal Place of Business:**

5955 SCOTCHWOOD GLEN  
ORLANDO, FL 32822

**Current Mailing Address:**

882 JACKSON AVE  
WINTER PARK, FL 32789

**FEI Number:** 59-2147851

**Certificate of Status Desired:** No

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

JORDAN, BRETT M  
882 JACKSON AVENUE  
WINTER PARK, FL 32789 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 SECRETARY  
Name MARTIN, PAM  
Address 882 JACKSON AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title VP  
Name SPIVEY, MALLORY  
Address 882 JACKSON AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name MIX, SUZANNE  
Address 882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

Title P  
Name SILVER, WINTHROP  
Address 882 JACKSON AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name MOSCA, BOB EDWARD  
Address 882 JACKSON AVENUE  
City-State-Zip: WINTER PARK FL 32789

Title D  
Name DUGGAN, DUG  
Address 882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name CLAXTON, ANDREA  
Address 882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name MONTSINGER, CYNTHIA  
Address 882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

**Continues on page 2**

*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:** WINTHROP SILVER

**PRESIDENT**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name RUSSELL, FIONA  
Address 882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name CLAXTON, ANDREA  
Address 882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name RUSSELL, FIONA  
Address 882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name HAYWOOD, BERNADINE  
Address 882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name MONTSINGER, CYNTHIA  
Address 882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789

Title DIRECTOR  
Name HAYWOOD, BERNADINE  
Address 882 JACKSON AVE  
City-State-Zip: WINTER PARK FL 32789