

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757284

FILED
Feb 04, 2021
Secretary of State
4109541451CC

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

02/04/2021

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: SHERENE CHRISTIE

SECRETARY

02/04/2021

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