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: WILLIAM BAKER

Electronic Signature of Signing Officer/Director Detail

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012145

Entity Name: LAKE VIEW CENTER ASSOCIATION, INC.

Current Principal Place of Business:

2051 MORNINGSIDE DRIVE MOUNT DORA, FL 32757

Current Mailing Address:

2051 MORNINGSIDE DRIVE MOUNT DORA, FL 32757

FEI Number: 20-8241633

Name and Address of Current Registered Agent:

BAKER, WILLIAM FJR. 2051 MORNINGSIDE DRIVE MOUNT DORA, FL 32757 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.

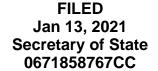
SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Ρ	Title	VP
Name	BAKER, JR, WILLIAM FJR	Name	BAKER, WILLIAM FIII
Address	2051 MORNINGSIDE DRIVE	Address	P. O. BOX 748
City-State-Zip:	MOUNT DORA FL 32757	City-State-Zip:	MOUNT DORA FL 32756

PRESIDENT



Date

Certificate of Status Desired: No

01/13/2021 Date