

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000124695

**Entity Name:** LAKEVIEW MANOR ASSISTED LIVING FACILITY, INC.

**Current Principal Place of Business:**

5357 BROSCHERD  
ORLANDO, FL 32807

**Current Mailing Address:**

1320 CRANE CREST WAY  
ORLANDO, FL 32825 US

**FEI Number: 84-3072958**

**Certificate of Status Desired:** No

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

CORTEZ, ANALISA  
1320 CRANE CREST WAY  
ORLANDO, FL 32825 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	PD	Title	VPD
Name	CORTEZ, ANALISA	Name	CORTEZ, ALLAN
Address	5357 BROSCHERD	Address	5357 BROSCHERD
City-State-Zip:	ORLANDO FL 32807	City-State-Zip:	ORLANDO FL 32807

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ANALISA CORTEZ**

**PRESIDENT**

**01/27/2023**

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

\_\_\_\_\_  
Date