

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**DOCUMENT # 710198 (3)**

1. Corporation Name

**LAKEVIEW TOWERS APARTMENTS, INC.**

**95 APR 27 AM 10:23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business                                 | Mailing Address   |
| 555 SE LAKEVIEW DR.<br>PO BOX 3829<br>SEBRING FL 33871-0829 | 555 SE LAKEVIEW DR.<br>PO BOX 3829<br>SEBRING FL 33871-0829 |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>01/13/1966</b>  | 3a. Date of Last Report<br><b>03/10/1994</b> |
| 4. FEI Number<br><b>59-1112731</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>  | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

**9. Name and Address of Current Registered Agent**

**HICKMAN, HAROLD**  
555 SE LAKEVIEW DR #406  
SEBRING FL 33870

**10. Name and Address of New Registered Agent**

|   |             |
|---|-------------|
| 81 Name   |             |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |
|   | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                 |                                |
|-----------------|--------------------------------|
| TITLE           | <b>P</b>                       |
| NAME            | <b>HICKMAN, HAROLD</b>         |
| STREET ADDRESS  | <b>555 SE LAKEVIEW DR</b>      |
| CITY - ST - ZIP | <b>SEBRING FL</b>              |
| TITLE           | <b>DS</b>                      |
| NAME            | <b>PROPST, CATHERINE</b>       |
| STREET ADDRESS  | <b>555 SE LAKEVIEW DR</b>      |
| CITY - ST - ZIP | <b>SEBRING FL</b>              |
| TITLE           | <b>DT</b>                      |
| NAME            | <b>DENNY, MARIE</b>            |
| STREET ADDRESS  | <b>555 S.E. LAKEVIEW DRIVE</b> |
| CITY - ST - ZIP | <b>SEBRING, FL 00000</b>       |
| TITLE           | <b>VP</b>                      |
| NAME            | <b>MATTINGLY, L.H.</b>         |
| STREET ADDRESS  | <b>555 S.E. LAKEVIEW DRIVE</b> |
| CITY - ST - ZIP | <b>SEBRING, FL 00000</b>       |
| TITLE           | <b>D</b>                       |
| NAME            | <b>STEELE, HENRY</b>           |
| STREET ADDRESS  | <b>555 S.E. LAKEVIEW DRIVE</b> |
| CITY - ST - ZIP | <b>SEBRING, FL 00000</b>       |
| TITLE           |                                |
| NAME            |                                |
| STREET ADDRESS  |                                |
| CITY - ST - ZIP |                                |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                     |  |
|---------------------|--|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |  |
| 1.3 STREET ADDRESS  |  |
| 1.4 CITY - ST - ZIP |  |
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>CHAMBERS, JEAN</b>  |
| 2.3 STREET ADDRESS  | <b>555 S.E. LAKEVIEW DR.</b>   |
| 2.4 CITY - ST - ZIP | <b>SEBRING, FL 33870</b>   |
| 3.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | <b>PROPST CATHERINE</b>  |
| 3.3 STREET ADDRESS  | <b>555 SE LAKEVIEW DR.</b>   |
| 3.4 CITY - ST - ZIP | <b>SEBRING FL 33870</b>  |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |  |
| 4.3 STREET ADDRESS  |  |
| 4.4 CITY - ST - ZIP |  |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |  |
| 5.3 STREET ADDRESS  |  |
| 5.4 CITY - ST - ZIP |  |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |  |
| 6.3 STREET ADDRESS  |  |
| 6.4 CITY - ST - ZIP |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Catherine Propst* **CATHERINE PROPST DT** 4-20-95 813-382-3587