

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 710198 (3)

1. Corporation Name  
**LAKEVIEW TOWERS APARTMENTS, INC.**



Principal Place of Business: 555 SE LAKEVIEW DR. PO BOX 3829 SEBRING FL 33871-0829  
Mailing Address: 555 SE LAKEVIEW DR. PO BOX 3829 SEBRING FL 33871-0829

3. Date Incorporated or Qualified: 01/13/1966  
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: 59-1112731  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing / Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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 (81-85)  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HICKMAN, HAROLD</b>	1.2 NAME	
STREET ADDRESS	<b>555 SE LAKEVIEW DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DS</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHAMBERS, JEAN</b>	2.2 NAME	<b>DS - JEAN WINIFRED HICKMAN</b>
STREET ADDRESS	<b>555 SE LAKEVIEW DR</b>	2.3 STREET ADDRESS	<b>555 SE LAKEVIEW DR.</b>
CITY-ST-ZIP	<b>SEBRING FL</b>	2.4 CITY-ST-ZIP	<b>SEBRING FL 33870</b>
TITLE	<b>DT</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PROPST, CATHERINE</b>	3.2 NAME	
STREET ADDRESS	<b>555 SE LAKEVIEW DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VP</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATTINGLY, L.H.</b>	4.2 NAME	
STREET ADDRESS	<b>555 S.E. LAKEVIEW DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING, FL 00000</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEELE, HENRY</b>	5.2 NAME	
STREET ADDRESS	<b>555 S.E. LAKEVIEW DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SEBRING, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 119.07(3)(k), 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 4-12-96 (941) 382-3587  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)