

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		
TITLE	P	<input type="checkbox"/> DELETE
NAME	HICKMAN, HAROLD	
STREET ADDRESS	555 SE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBERS, JEAN	
STREET ADDRESS	555 SE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PROPST, CATHERINE	
STREET ADDRESS	555 SE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MATTINGLY, L.H.	
STREET ADDRESS	555 S.E. LAKEVIEW DRIVE	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEELE, HENRY	
STREET ADDRESS	555 S.E. LAKEVIEW DRIVE	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE		<input type="checkbox"/> DELETE
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	DS - JEAN CHAMBERS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	W/INIFRED HICKMAN	
2.3 STREET ADDRESS	555 SE LAKEVIEW DR.	
2.4 CITY-ST-ZIP	SEBRING FL 33870	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 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)