

FILE NOW: FILING FEE IS \$61.25

FILED
May 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
01/13/1966

4. FEI Number 59-1112731	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

6. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HICKMAN, HAROLD
555 SE LAKEVIEW DR #408
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
85 Zip Code

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 **DON C. FREEMAN** *Don C. Freeman* **4-27-98**
Signature, typed or printed name of registered agent and title if applicable (Type Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" 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	HICKMAN, WINIFRED	
STREET ADDRESS	555 SE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	PROPST, CATHERINE	
STREET ADDRESS	555 SE LAKEVIEW DR	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MATTINGLY, L.H.	
STREET ADDRESS	555 S.E. LAKEVIEW DRIVE	
CITY-ST-ZIP	SEBRING, FL 00000	
TITLE	D	<input checked="" 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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DON FREEMAN	
1.3 STREET ADDRESS	555 SE LAKEVIEW DR.	
1.4 CITY-ST-ZIP	SEBRING, FL 33870	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOYCE UEBELHART	
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	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CLARK GANNON	
4.3 STREET ADDRESS	555 SE LAKEVIEW DR.	
4.4 CITY-ST-ZIP	SEBRING FL 33870	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HAROLD HICKMAN	
5.3 STREET ADDRESS	555 SE LAKEVIEW DR.	
5.4 CITY-ST-ZIP	SEBRING FL 33870	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **4-24-98**
11-20-98 941-387-3587

CF2E037 (10/97)