

FILE NOW: FILING FEE IS \$61.25

FILED  
May 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710198 (3)**

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



Principal Place of Business <b>555 SE LAKEVIEW DR. PO BOX 3829 SEBRING FL 33871-0829</b>	Mailing Address <b>555 SE LAKEVIEW DR. PO BOX 3829 SEBRING FL 33871-0829</b>
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3. Date Incorporated or Qualified  
**01/13/1966**

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

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** Signature, typed or printed name of registered agent and title if applicable

*Don C. Freeman* (Type Registered Agent signature required when reinstating)

**4-27-98** DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HICKMAN, HAROLD</b>	
STREET ADDRESS	<b>555 SE LAKEVIEW DR</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>DS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HICKMAN, WINIFRED</b>	
STREET ADDRESS	<b>555 SE LAKEVIEW DR</b>	
CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE
NAME	<b>PROPST, CATHERINE</b>	
STREET ADDRESS	<b>555 SE LAKEVIEW DR</b>	
CITY-ST-ZIP	<b>SEBRING, FL 00000</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
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>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STEELE, HENRY</b>	
STREET ADDRESS	<b>555 S.E. LAKEVIEW DRIVE</b>	
CITY-ST-ZIP	<b>SEBRING, FL 00000</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>DON FREEMAN</b>	
1.3 STREET ADDRESS	<b>555 SE LAKEVIEW DR.</b>	
1.4 CITY-ST-ZIP	<b>SEBRING, FL 33870</b>	
2.1 TITLE	<b>DS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JOYCE UEBELHART</b>	
2.3 STREET ADDRESS	<b>555 SE LAKEVIEW DR.</b>	
2.4 CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>SAME</b>	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>CLARK GANNON</b>	
4.3 STREET ADDRESS	<b>555 SE LAKEVIEW DR.</b>	
4.4 CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>HAROLD HICKMAN</b>	
5.3 STREET ADDRESS	<b>555 SE LAKEVIEW DR.</b>	
5.4 CITY-ST-ZIP	<b>SEBRING FL 33870</b>	
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) 15-20-98 941-387-3587

CF2E037 (10/97)