


**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90074 026 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 710198**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/13/1966
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1112731
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 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 <b>DON C FREEMAN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>555 SE LAKEVIEW DR</b> 83 <b>#212</b> 84 City <b>SEBRING</b> FL 85 Zip Code <b>33870</b>
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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 (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE	P	1.1 TITLE P	Don C. Freeman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN, DON	1.2 NAME	555 SE Lakeview Dr. unit#212
STREET ADDRESS	555 SE LAKEVIEW DR	1.3 STREET ADDRESS	Sebring, FL. 33870
CITY-ST-ZIP	SEBRING FL 33870	1.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	DS	2.1 TITLE VP	Carl E. Adkins <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	UEBELHART, JOYCE	2.2 NAME	555 SE Lakeview Dr. Unit#111
STREET ADDRESS	555 S E LAKEVIEW DR	2.3 STREET ADDRESS	Sebring FL. 33870
CITY-ST-ZIP	SEBRING FL 33870	2.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	DT	3.1 TITLE T	Mary Covert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROPST, CATHERINE	3.2 NAME	555 SE Lakeview Dr. unit#302
STREET ADDRESS	555 SE LAKEVIEW DR	3.3 STREET ADDRESS	Sebring, FL. 33870
CITY-ST-ZIP	SEBRING, FL 00000	3.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	VP	4.1 TITLE S	A.E. Hiester <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GANNON, CLARK	4.2 NAME	555 SE Lakeview Dr unit #402
STREET ADDRESS	555 S E LAKEVIEW DRIVE	4.3 STREET ADDRESS	Sebring, FL. 33870
CITY-ST-ZIP	SEBRING FL 33870	4.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	D	5.1 TITLE D	Austin Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HICKMAN, HAROLD	5.2 NAME	555 SE Lakeview Dr
STREET ADDRESS	555 S E LAKEVIEW DRIVE	5.3 STREET ADDRESS	Sebring Fl. 33870
CITY-ST-ZIP	SEBRING, FL 00000 33870	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: Mary Covert **SIGNATURE REQUIRED** Covert 03/24/1999 941-471-0465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2037-1101