


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

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris 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 DON C FREEMAN 82 Street Address (P.O. Box Number is Not Acceptable) 555 SE LAKEVIEW DR 83 #212 84 City SEBRING FL 85 Zip Code 33870
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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 FREEMAN, DON 555 SE LAKEVIEW DR SEBRING FL 33870	1.1 TITLE P	Don C. Freeman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input checked="" type="checkbox"/> DELETE	DS UEBELHART, JOYCE 555 S E LAKEVIEW DR SEBRING FL 33870	1.2 NAME	555 SE Lakeview Dr. unit#212
TITLE <input checked="" type="checkbox"/> DELETE	DT PROPST, CATHERINE 555 SE LAKEVIEW DR SEBRING, FL 00000	1.3 STREET ADDRESS	Sebring, FL. 33870
TITLE <input checked="" type="checkbox"/> DELETE	VP GANNON, CLARK 555 S E LAKEVIEW DRIVE SEBRING FL 33870	1.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> DELETE	D HICKMAN, HAROLD 555 S E LAKEVIEW DRIVE SEBRING, FL 00000 33870	2.1 TITLE VP	Carl E. Adkins <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		2.2 NAME	555 SE Lakeview Dr. Unit#111
TITLE <input type="checkbox"/> DELETE		2.3 STREET ADDRESS	Sebring FL. 33870
TITLE <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		3.1 TITLE T	Mary Covert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		3.2 NAME	555 SE Lakeview Dr. unit#302
TITLE <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	Sebring, FL. 33870
TITLE <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		4.1 TITLE S	A.E. Hiester <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		4.2 NAME	555 SE Lakeview Dr unit #402
TITLE <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	Sebring, FL. 33870
TITLE <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		5.1 TITLE D	Austin Thomas <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <input type="checkbox"/> DELETE		5.2 NAME	555 SE Lakeview Dr
TITLE <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	Sebring Fl. 33870
TITLE <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE		6.1 TITLE	
TITLE <input type="checkbox"/> DELETE		6.2 NAME	
TITLE <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
TITLE <input type="checkbox"/> DELETE		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

CP20237-11001