


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90204 038 ****61.25

DOCUMENT # 710198
1. Entity Name
LAKEVIEW TOWERS APARTMENTS, INC.



Principal Place of Business Mailing Address
555 SE LAKEVIEW DR. 555 SE LAKEVIEW DR.
PO BOX 3829 PO BOX 3829
SEBRING FL 33871-0829 SEBRING FL 33871-0829

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-1112731** Applied For
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
RUTH K DAVIS, INC REAL ESTATE
1981 US 27 S
SEBRING FL 33870

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
NAME **FREEMAN, DON**
STREET ADDRESS **555 SE LAKEVIEW DR #212**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** Delete
NAME **HIESTER, ARTHUR**
STREET ADDRESS **555 SE LAKEVIEW DR #402**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** Delete
NAME **ADKINS, CARL**
STREET ADDRESS **555 SE LAKEVIEW DR #111**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **GARNER, NEIL E**
STREET ADDRESS **45 DOCK ROAD**
CITY-ST-ZIP **LANCASTER VA 22503**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** Delete
NAME **WYATT, GINGER**
STREET ADDRESS **555 SE LAKEVIEW DR. #308**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR HIESTER **REQUIRED** *Arthur E. Hiester* 3-13-03 863-382-2000

CR2E037 (10/02)