

FILE NOW: FILING FEE IS \$61.25

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Apr 30 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 711038 (0)

1. Corporation Name  
LAKE VIEW WEST APTS., INC.



Principal Place of Business Mailing Address  
2000 DIANA DRIVE HALLANDALE FL 33009 2000 DIANA DRIVE HALLANDALE FL 33009-4732

3. Date Incorporated or Qualified 06/14/1966 3a. Date of Last Report 04/10/1996  
4. FEI Number 59-1644234 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2b. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent

CATHERINE CHANEY  
2000 DIANA DRIVE  
HALLANDALE FL 33009

10. Name and Address of New Registered Agent

81 Name BIRDIE TRAPP  
82 Street Address (P.O. Box Number is Not Acceptable) 2000 DIANA DRIVE - Apt # 107  
83  
84 City HALLANDALE FL 85 Zip Code 33009

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: Birdie Trapp

(NOTE: Registered Agent signature required when reinstating)

4/1/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SCHIVITO	
STREET ADDRESS	2000 DIANA DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BATTISTE,	
STREET ADDRESS	2000 DIANA DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VAN LOAN, D	
STREET ADDRESS	2000 DIANA DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	VDP	<input checked="" type="checkbox"/> DELETE
NAME	CHANEY, C	
STREET ADDRESS	2000 DIANA DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HERKERT, R	
STREET ADDRESS	2000 DIANA DR	
CITY-ST-ZIP	HALLANDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREAS. - D.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D. PACITTI	
1.3 STREET ADDRESS	2000 DIANA DR.	
1.4 CITY-ST-ZIP	HALLANDALE, FL. 33009	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VICE-PRES. D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	C. COMPAGN UCCI	
4.3 STREET ADDRESS	2000 DIANA DR.	
4.4 CITY-ST-ZIP	HALLANDALE FL. 33009	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do 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: Daniel Van Loan REQUIRED PRESIDENT

4/1/97  
DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # D022619

CR2E037 (9/96)