

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 743289 (1)

1. Corporation Name  
**LAKEVIEW CIVIC ASSOCIATION, INC.**



Principal Place of Business: 3397 LAKEVIEW DRIVE DELRAY BCH FL 33445 US  
Mailing Address: 3397 LAKEVIEW DRIVE DELRAY BCH FL 33445 US

3. Date Incorporated or Qualified: 06/15/1978  
3a. Date of Last Report: 07/07/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 3307 Lakeview Drive	26 3307 Lakeview Dr	NOT APPLICABLE	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 City & State: Delray Beach FL	28 City & State: Delray Beach FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Zip: 33445	25 Country: Palm Beach	29 Zip: 33445	30 Country: Palm Beach
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

ROHWEDDER, FRED  
3397 LAKEVIEW DRIVE  
DELRAY BEACH FL 33445

81 Name	Bunin, Kevin
82 Street Address (P.O. Box Number is Not Acceptable)	3307 Lakeview Drive
83	
84 City	Delray Beach FL
85 Zip Code	33445

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

(NOTE: Registered Agent signature required when reinstating)

5/14/96  
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	Rutherford
NAME	RUTHERFORD, TOM	1.2 NAME	
STREET ADDRESS	3284 LAKEVIEW DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY FL	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	D
NAME	ROHWEDDER, FRED	2.2 NAME	DeGregory, Nancy
STREET ADDRESS	3397 LAKEVIEW DRIVE	2.3 STREET ADDRESS	3699 Lakeview Blvd
CITY-ST-ZIP	DELRAY BCH FL	2.4 CITY-ST-ZIP	Delray Beach, FL 33445
TITLE	VD	3.1 TITLE	D
NAME	STANLEY, ALICE	3.2 NAME	Probstein, Barbara
STREET ADDRESS	3385 LAKEVIEW DRIVE	3.3 STREET ADDRESS	3408 Lakeview Dr
CITY-ST-ZIP	DELRAY BCH FL	3.4 CITY-ST-ZIP	Delray Beach FL 33445
TITLE	SD	4.1 TITLE	PB
NAME	BUNIN, KEVIN	4.2 NAME	
STREET ADDRESS	3307 LAKEVIEW DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	VD
NAME	WOLFRAM, JOHN	5.2 NAME	
STREET ADDRESS	3205 LAKEVIEW DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BCH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	SD
NAME		6.2 NAME	Junghans, Barbara
STREET ADDRESS		6.3 STREET ADDRESS	3127 Lakeview Blvd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Delray Beach FL 33445

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [Signature] C. T. Rutherford  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 5/14/96  
Daytime Phone: (407) 982-3489

CR2E037 (12/95)