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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743289 (1)
1. Corporation Name
LAKEVIEW CIVIC ASSOCIATION, INC.



Principal Place of Business 3307 LAKEVIEW DRIVE DELRAY BCH FL 33445 US	Mailing Address 3307 LAKEVIEW DRIVE DELRAY BCH FL 33445-5730 US
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3. Date Incorporated or Qualified 06/15/1978	3a. Date of Last Report 05/20/1996
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21. Principal Place of Business 3590 Lakeview Drive	2a. Mailing Address 3590 Lakeview Drive
22. City & State Delray Beach FL	27. City & State Delray Beach FL
23. Zip 33445	29. Zip 33445
25. Country US	30. Country US

4. FEI Number NOT APPLICABLE	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BUNIN, KEVIN
3307 LAKEVIEW DRIVE
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

81 Name MARK BORSKY
82 Street Address (P.O. Box Number is Not Acceptable) 3590 Lakeview Drive
83
84 City Delray Beach
85 State FL
86 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: *[Signature]* **MARK A BORSKY** DATE: **5/1/97**

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RUTHERFOORD, TOM	
STREET ADDRESS	3264 LAKEVIEW DRIVE	
CITY-ST-ZIP	DELRAY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEGREGORY, NANCY	
STREET ADDRESS	3699 LAKEVIEW BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PROBSTEIN, BARBARA	
STREET ADDRESS	3408 LAKEVIEW DR.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BUNIN, KEVIN	
STREET ADDRESS	3307 LAKEVIEW DRIVE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WOLFRAM, JOHN	
STREET ADDRESS	3205 LAKEVIEW DR	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JUNGHANS, BARBARA	
STREET ADDRESS	3127 LAKEVIEW BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bouchard, Patricia	
1.3 STREET ADDRESS	3400 Lakeview Drive	
1.4 CITY-ST-ZIP	Delray Beach, FL	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BUNIN, SUSAN	
2.3 STREET ADDRESS	3307 Lakeview Drive	
2.4 CITY-ST-ZIP	Delray Beach, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Heldman, Chester	
3.3 STREET ADDRESS	3455 Lakeview Dr.	
3.4 CITY-ST-ZIP	Delray Beach FL	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BORSKY, MARK	
4.3 STREET ADDRESS	3590 Lakeview Drive	
4.4 CITY-ST-ZIP	Delray Beach, FL 33445	
5.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STANLEY, ALICE	
5.3 STREET ADDRESS	3365 Lakeview Drive	
5.4 CITY-ST-ZIP	Delray Beach, FL	
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	McCarthy, Marion	
6.3 STREET ADDRESS	3033 Lakeview Dr	
6.4 CITY-ST-ZIP	Delray Beach, FL	

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: *[Signature]* **Patricia Bouchard** DATE: **5-1-97** DAYTIME PHONE # **561-495-4659**

CR2E037 (9/96)