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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 743289

1. Corporation Name
LAKEVIEW CIVIC ASSOCIATION, INC.

158204 90017 041 * *

Principal Place of Business

3398 LAKEVIEW DRIVE
 DELRAY BCH FL 33445
 US

Mailing Address

3398 LAKEVIEW DRIVE
 DELRAY BCH FL 33445
 US



2. Principal Place of Business

21 3138 LAKEVIEW DR
 Suite, Apt. #, etc.

22 City & State
 DELRAY BEACH FL

23 Zip Country
 33445 US

2a. Mailing Address

28 3138 LAKEVIEW DR
 Suite, Apt. #, etc.

27 City & State
 DELRAY BEACH FL

29 Zip Country
 33445 US

3. Date Incorporated or Qualified
 06/15/1978

4. FEI Number
 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

9. Name and Address of Current Registered Agent

THOMAS, NANCY
 3398 LAKEVIEW DRIVE
 DELRAY BCH FL 33445

10. Name and Address of New Registered Agent

81 Name
 BULL, CHRIS
 82 Street Address (P.O. Box Number is Not Acceptable)
 3138 LAKEVIEW DR
 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 CHRIS BULL

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

(NOTE: Registered Agent signature required when reinstating)

DATE 2-10-99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THOMAS, NANCY	
STREET ADDRESS	3398 LAKEVIEW DRIVE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUNIN, SUSAN	
STREET ADDRESS	3307 LAKEVIEW DR	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WOLFRAM, JOHN	
STREET ADDRESS	3205 LAKEVIEW DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, ROBERT	
STREET ADDRESS	3455 LAKEVIEW DRIVE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LOCH, LARRY	
STREET ADDRESS	3702 LAKEVIEW BLVD	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	OLNEY, WAYNE	
STREET ADDRESS	3028 LAKEVIEW BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHRIS BULL, CHRIS	
2.3 STREET ADDRESS	3138 LAKEVIEW DR.	
2.4 CITY-ST-ZIP	DELRAY BEACH, FL	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SMITH, AMY	
4.3 STREET ADDRESS	3204 LAKEVIEW DR	
4.4 CITY-ST-ZIP	DELRAY BEACH, FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GODDEN, JIM	
5.3 STREET ADDRESS	3573 LAKEVIEW BLVD	
5.4 CITY-ST-ZIP	DELRAY BEACH, FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	PROBSTEIN, BARBARA	
6.3 STREET ADDRESS	3408 LAKEVIEW DR	
6.4 CITY-ST-ZIP	DELRAY BEACH, FL	

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: JOHN WOLFRAM

2/11/99

561-498-3678

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)