

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90071 041 ****61.25

DOCUMENT # 743289

1. Entity Name

LAKEVIEW CIVIC ASSOCIATION, INC.

Principal Place of Business

Mailing Address

3138 LAKEVIEW DR
 DELRAY BCH FL 33445
 US

3138 LAKEVIEW DR
 DELRAY BCH FL 33445-5727
 US

2. Principal Place of Business

3. Mailing Address

3398 LAKEVIEW DR
 Suite, Apt. #, etc.

3398 LAKEVIEW DR
 Suite, Apt. #, etc.

City & State

City & State

DELRAY BEACH, FL

DELRAY BEACH FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

33445

US

33445

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BULL, CHRIS
3138 LAKEVIEW DR
DELRAY BCH FL 33445

Name

NANCY THOMAS

Street Address (P.O. Box Number is Not Acceptable)

3398 LAKEVIEW DR.

City

DELRAY BEACH

FL

Zip Code

33445

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.

SIGNATURE **NANCY THOMAS (PRES) Nancy Thomas 2/16/00** DATE

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

(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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** Delete
 NAME **THOMAS, NANCY**
 STREET ADDRESS **3398 LAKEVIEW DRIVE**
 CITY-ST-ZIP **DELRAY BCH FL**

TITLE **PD** Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **BULL, CHRIS**
 STREET ADDRESS **3138 LAKEVIEW DR**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **VD** Change Addition
 NAME **GEORGE ANDERSON**
 STREET ADDRESS **3564 LAKEVIEW DR**
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **TD** Delete
 NAME **WOLFRAM, JOHN**
 STREET ADDRESS **3205 LAKEVIEW DRIVE**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **SMITH, ANN**
 STREET ADDRESS **3204 LAKEVIEW DR**
 CITY-ST-ZIP **DELRAY BCH FL**

TITLE **SD** Change Addition
 NAME **PATRICIA WOLFRAM**
 STREET ADDRESS **3205 LAKEVIEW DR**
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **D** Delete
 NAME **GODDEN, JIM**
 STREET ADDRESS **3573 LAKEVIEW BLVD**
 CITY-ST-ZIP **DELRAY BCH FL**

TITLE **D** Change Addition
 NAME **BOB COHN**
 STREET ADDRESS **3450 LAKEVIEW BLVD**
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE **D** Delete
 NAME **PROBSTEIN, BARBARA**
 STREET ADDRESS **3408 LAKEVIEW BLVD**
 CITY-ST-ZIP **DELRAY BEACH FL**

TITLE **D** Change Addition
 NAME **STEPHANIE ESTEBAN**
 STREET ADDRESS **3609 LAKEVIEW BLVD**
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: **JOHN WOLFRAM** **Wolfram** **Feb 21, 2000** **561-498-3678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)