

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2001 8:00 am**  
**Secretary of State**

02-19-2001 90273 030 \*\*\*\*61.25

**DOCUMENT # 743289**

1. Entity Name

**LAKEVIEW CIVIC ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3398 LAKEVIEW DR  
 DELRAY BEACH FL 33445  
 US

3398 LAKEVIEW DR  
 DELRAY BEACH FL 33445  
 US

2. Principal Place of Business

3. Mailing Address

**3205 LAKEVIEW DR**

**3205 LAKEVIEW DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DELRAY BEACH, FL**

**DELRAY BEACH, FL**

Zip

Country

Zip

Country

**33445 US**

**33445 US**

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

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

THOMAS, NANCY  
 3398 LAKEVIEW DR  
 DELRAY BEACH FL 33445

Name

**PATRICIA WOLFRAM**

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

**3205 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 **PATRICIA WOLFRAM (PRES)**

(NOTE: Registered Agent signature required when reinstating)

**2/14/01**

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	PD	<input type="checkbox"/> Delete
NAME	THOMAS, NANCY	
STREET ADDRESS	3398 LAKEVIEW DRIVE	
CITY-ST-ZIP	DELRAY BCH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ANDERSON, GEORGE	
STREET ADDRESS	3564 LAKEVIEW DR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WOLFRAM, JOHN	
STREET ADDRESS	3205 LAKEVIEW DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOLFRAM, PATRICIA	
STREET ADDRESS	3205 LAKEVIEW DR	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHN, BOB	
STREET ADDRESS	3450 LAKEVIEW BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ESTEBAN, STEPHANIE	
STREET ADDRESS	3609 LAKEVIEW BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33445	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARJORIE SCHWENK	
STREET ADDRESS	3544 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)(i), 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** **2/14/01** **561-498-3678**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)