


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90021 002 ****61.25

DOCUMENT # 743289					
1. Entity Name LAKEVIEW CIVIC ASSOCIATION, INC.					
Principal Place of Business 3426 LAKEVIEW DRIVE DELRAY BEACH, FL 33445 US			Mailing Address 3426 LAKEVIEW DRIVE DELRAY BEACH, FL 33445 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRAY, DAVID E 3426 LAKEVIEW DRIVE DELRAY BEACH, FL 33445				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee Is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHAHNAN, LISA		NAME	SHAHEEN, LISA	
STREET ADDRESS	3415 LAKEVIEW BLVD		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROBSTEIN, BARBARA		NAME	FREEMAN, LYNNE	
STREET ADDRESS	3408 LAKEVIEW DR		STREET ADDRESS	3225 LAKEVIEW DRIVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, DAVID		NAME		
STREET ADDRESS	3426 LAKEVIEW DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUTHERFORD, TOM		NAME	RUTHERFORD, ANDREA	
STREET ADDRESS	3264 LAKEVIEW DR		STREET ADDRESS	3264 LAKEVIEW DR.	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COHN, BOB		NAME	MATTSON, DOUG	
STREET ADDRESS	3450 LAKEVIEW BLVD		STREET ADDRESS	3578 LAKEVIEW DRIVE	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUNIN, SUE		NAME	MCGOWNEY, MARSHA	
STREET ADDRESS	3307 LAKEVIEW DRIVE		STREET ADDRESS	3439 LAKEVIEW DR.	
CITY-ST-ZIP	DELRAY BEACH, FL 33445		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: <u>David E Gray</u> DAVID E. GRAY		3-10-04		561-684-7500	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

