


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90121 020 ****61.25

DOCUMENT # 743289
1. Entity Name
LAKE VIEW CIVIC ASSOCIATION, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3426 LAKEVIEW DRIVE
Suite, Apt. #, etc.

3. Mailing Address
3426 LAKEVIEW DR
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DELRAY BEACH FL

City & State
DELRAY BEACH FL

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

City
33445

Country
USA

City
33445

Country

7. Name and Address of Current Registered Agent

Name
DAVID E. GRAY

Street Address (P.O. Box Number is Not Acceptable)
3426 LAKEVIEW DRIVE

City
DELRAY BEACH FL

Zip Code
33445

**DO NOT WRITE
IN THIS SPACE**

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 DAVID E. GRAY *David E. Gray* DATE 6-4-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT LISA SHAHEEN 3415 LAKEVIEW BOULEVARD DELRAY BEACH, FL. 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT BARBARA PROBSTEN 3408 LAKEVIEW DR. DELRAY BEACH, FL. 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRASORER DAVID GRAY 3426 LAKEVIEW DRIVE DELRAY BEACH, FL. 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY TOM RUTHERFORD 3264 LAKEVIEW DR DELRAY BEACH, FL. 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR BOB COHN 3450 LAKEVIEW BOULEVARD DELRAY BEACH, FL. 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SUE BUNIN 3307 LAKEVIEW DRIVE DELRAY BEACH, FL. 33445	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID E. GRAY *David E. Gray* DATE 6-4-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037B (12/02)