

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Norstrom  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

05 MAY -1 AM 9:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 748621 (0)**  
1. Corporation Name  
**LAKEVIEW HILLS COMMUNITY ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
**C/O JUDY ADAMSON  
P.O. BOX 120329  
CLERMONT FL 34712**

3. Date incorporated or Qualified **08/23/1979** 3a. Date of Last Report **06/02/1994**

4. FEI Number **59-2506115** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
23. City & State 28. City & State  
24. Zip Country 29. Zip Country

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**JANE C. MCALLISTER,  
2445 LAKEVIEW AVE.  
CLERMONT FL 34711**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD <b>MARK FEESER,</b>
NAME	<b>965 BROGDEN DRIVE</b>
STREET ADDRESS	<b>CLERMONT FL 34711</b>
CITY, ST, ZIP	
TITLE	VD <b>BILL RAUCH,</b>
NAME	<b>2440 LAKEVIEW AVE.</b>
STREET ADDRESS	<b>CLERMONT FL 34711</b>
CITY, ST, ZIP	
TITLE	SD <b>JANE C. MCALLISTER,</b>
NAME	<b>2445 ALEVOEW AVE</b>
STREET ADDRESS	<b>CLERMONT FL 34711</b>
CITY, ST, ZIP	
TITLE	TD <b>RICHARD GOSS,</b>
NAME	<b>2389 RIDGE AKVE.</b>
STREET ADDRESS	<b>CLERMONT FL 34711</b>
CITY, ST, ZIP	
TITLE	COTD <b>JUDY ADAMSON,</b>
NAME	<b>2295 S. LAKESHORE DR.</b>
STREET ADDRESS	<b>CLERMONT FL 34711</b>
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
7.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7.2. NAME	
7.3. STREET ADDRESS	
7.4. CITY, ST, ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2. NAME	
4.3. STREET ADDRESS	
4.4. CITY, ST, ZIP	
5.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2. NAME	
5.3. STREET ADDRESS	
5.4. CITY, ST, ZIP	
6.1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2. NAME	
6.3. STREET ADDRESS	
6.4. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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.

SIGNATURE: *Judy Adamson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Judy Adamson**

4/26/95-1-800-962-0366  
Date Daytime Phone #