

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 748621 (0)

1. Corporation Name

LAKEVIEW HILLS COMMUNITY ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O JUDY ADAMSON
P.O. BOX 120329
CLERMONT FL 34712

C/O JUDY ADAMSON
P.O. BOX 120329
CLERMONT FL 34712

3. Date Incorporated or Qualified
08/23/1979

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 C/o Joyce Graves

26 C/o Joyce Graves

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 650 W. Montrose St.

27 P.O. Box 120329

City & State

City & State

23 Clermont FL

28 CLERMONT FL

Zip

Country

Zip

Country

24 34711

25 LAKE

29 34712

30 LAKE

4. FEI Number

59-2506115

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JANE C. MCALLISTER,
2445 LAKEVIEW AVE.
CLERMONT FL 34711

81 Name

Judy H. Adamson

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

2295 S. LAKE SHORE DR.

83

Clermont

84 City

FL

85 Zip Code

34711

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Judy H. Adamson

Judy H. Adamson

3/1/96

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MARK FEESER,
STREET ADDRESS 965 BROGDEN DRIVE
CITY-ST-ZIP CLERMONT FL 34711 ☒ DELETE

TITLE VD
NAME BILL RAUCH,
STREET ADDRESS 2440 LAKEVIEW AVE.
CITY-ST-ZIP CLERMONT FL 34711 ☒ DELETE

TITLE SD
NAME JANE C. MCALLISTER,
STREET ADDRESS 2445 LAKEVIEW AVE
CITY-ST-ZIP CLERMONT FL 34711 ☐ DELETE

TITLE TD
NAME RICHARD GOSS,
STREET ADDRESS 2369 RIDGE AVE.
CITY-ST-ZIP CLERMONT FL 34711 ☒ DELETE

TITLE COTD
NAME JUDY ADAMSON,
STREET ADDRESS 2295 S. LAKESHORE DR.
CITY-ST-ZIP CLERMONT FL 34711 ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE PD
1.2 NAME Bill Rauch
1.3 STREET ADDRESS 2440 LAKEVIEW AVE.
1.4 CITY-ST-ZIP CLERMONT, FL. 34711 ☒ Change ☐ Addition

2.1 TITLE VD
2.2 NAME John Morgan
2.3 STREET ADDRESS 2355 LAKEVIEW AVE.
2.4 CITY-ST-ZIP CLERMONT, FL 34711 ☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE TD
4.2 NAME JUDY ADAMSON
4.3 STREET ADDRESS 2295 S. LAKESHORE DR.
4.4 CITY-ST-ZIP CLERMONT, FL. 34711 ☒ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

Judith H. Adamson

Judith H. Adamson

1/25/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)