

FILE NOW: FILING FEE IS \$61.25

FILED
Jul 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **748621** (0)
1. Corporation Name
LAKEVIEW HILLS COMMUNITY ASSOCIATION, INC.



Principal Place of Business C O JOYCE GRAVES 650 W. MONTROSE ST CLERMONT FL 34711	Mailing Address C O JOYCE GRAVES P.O. BOX 120329 CLERMONT FL 34712-0329
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3. Date Incorporated or Qualified 08/23/1979	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	4. FEI Number 59-2506115 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMSON, JUDY H
2295 S LAKESHORE DR
CLERMONT FL 34711**

81 Name GILBERT DRURY
82 Street Address (P.O. Box Number is Not Acceptable) 2294 LAKEVIEW AVE
83
84 City CLERMONT 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAUCH, BILL		1.2 NAME	
STREET ADDRESS 2440 LAKEVIEW AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP CLERMONT FL 34711		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORGAN, JOHN		2.2 NAME	
STREET ADDRESS 2355 LAKEVIEW AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP CLERMONT FL 34711		2.4 CITY-ST-ZIP	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCALLISTER, JANE C		3.2 NAME	
STREET ADDRESS 2445 LAKEVIEW AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP CLERMONT FL 34711		3.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADAMSON, JUDY		4.2 NAME	
STREET ADDRESS 2295 S LAKESHORE DR		4.3 STREET ADDRESS	
CITY-ST-ZIP CLERMONT FL 34711		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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

Signature Required

7-12-97

242-1665

CR2E037 (9/96)