

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2000 8:00 am
Secretary of State

04-25-2000 90103 040 ****61.25

DOCUMENT # 748621
 1. Entity Name
LAKEVIEW HILLS COMMUNITY ASSOCIATION, INC.

Principal Place of Business C/O JOHN MORGAN 2355 LAKEVIEW AVE CLERMONT FL 34711 <i>2355</i>	Mailing Address C/O JOHN MORGAN 2355 LAKEVIEW AVE CLERMONT FL 34711-3634 <i>2355</i>
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business ABOVE	3. Mailing Address ABOVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Clermont FL	City & State Clermont FL
Zip 34711	Country U.S.A.

4. FEI Number 59-2506115	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
2440 BILL RAUCH, HILL
2294 LAKEVIEW AVE
CLERMONT FL 34711

Since address and name are both wrong I'm re-stating and #7 block for a clarification. Same guy!

7. Name and Address of Registered Agent
 Name **William H. (Bill) Rauch**
 Street Address (P.O. Box Number is Not Acceptable) **2440 Lakeview Ave**
Clermont
 City **FL** Zip Code **34711**

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.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
-------------------------------------	--	------------------------------------	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAUCH, BILL <input type="checkbox"/> Delete HILL RANCH 2440 LAKEVIEW AVE CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD MORGAN MORGAN, JOHN 2355 LAKEVIEW AVE CLERMONT FL 24711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SD ARTHURS, SALLY 2373 RIDGE AVE CLERMONT FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D DRURY, GILBERT 2294 LAKEVIEW AVE CLERMONT FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D V.D. LANGE, DAVE 955 BRODEN DR CLERMONT DR. FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D STIPANOVICH, STEVEN 2450 LAKEVIEW AVE. CLERMONT FL 34711

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD YDERSTAD, JANNA 2366 RIDGE AVE CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D ROUSH, RUSSELL 2375 LAKEVIEW AVE CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition D PATTERSON, DAVID 2400 LAKEVIEW AVE CLERMONT FL 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: John Morgan SIGNATURE REQUIRED John Morgan Date 4-18-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (352) 242-1821 Daytime Phone #

CR2E037 (9/99)