

**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 #** 757284 (5)  
1. Corporation Name  
**Lakeview Property Owners Assoc. Inc.**

Principal Place of Business Mailing Address  
**Specialty Management Co. of Central Florida, Inc.** same  
2180 Park Ave. North #326  
Winter Park, FL 32789

3. Date Incorporated or Qualified **7/15/81** 3a. Date of Last Report **5/1/95**  
4. FEI Number **59-2147851** 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

2. Principal Place of Business 2a. Mailing Address  
21 2180 Park Ave. North 26 2180 Park Ave. North  
Suite, Apt # etc Suite, Apt #, etc  
22 Suite 326 27 Suite 326  
City & State City & State  
23 Winter Park, FL 28 Winter Park, FL  
Zip Country Zip Country  
24 32789 25 USA 29 32789 30 USA

9. Name and Address of Current Registered Agent  
**Thomas D. Malcom**  
2180 Park Ave. North #326  
Winter Park, FL 32789

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.0503, 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 *Thomas D. Malcom* DATE **6/18/96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE <b>STD</b>	NAME <b>Andrea Brackin</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>1110 Douglas Ave.</b>	CITY - ST - ZIP <b>Altamonte Springs, FL 32714</b>	
TITLE <b>PD</b>	NAME <b>Tracy Maners</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>1110 Douglas Ave.</b>	CITY - ST - ZIP <b>Altamonte Springs, FL 32714</b>	
TITLE <b>D</b>	NAME <b>George Friedman</b>	<input type="checkbox"/> DELETE
STREET ADDRESS <b>1110 Douglas Ave.</b>	CITY - ST - ZIP <b>Altamonte Sorings, FL 32714</b>	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

**700001879127**  
**-06/28/96--01038--042**  
**\*\*\*61.25**

*6-28-96*  
*JR*

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: *Andrea L. Brackin* **6-18-96** **407-682-7266**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)