

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90001 046 \*\*\*\*61.25

UBR03/02

**DOCUMENT # 760565**

1. Entity Name

**LAKEVIEW OAKS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**600-B LAKEVIEW ROAD  
 P O BOX 281  
 CLEARWATER FL 34616-3381**

**600-B LAKEVIEW ROAD  
 P O BOX 281  
 CLEARWATER FL 34616-3381**

2. Principal Place of Business

**600 LAKEVIEW RD**

Suite, Apt. #, etc.

**STE A**

City & State

**CLEARWATER FL**

Zip

**33756**

Country

3. Mailing Address

**600 LAKEVIEW RD**

Suite, Apt. #, etc.

**STE A**

City & State

**CLEARWATER FL**

Zip

**33756**

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-2158578**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUGHES, WARREN J  
 55 ROGERS ST. UNIT NO 204  
 CLEARWATER FL 34616**

Name

**GREGORY DEY**

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

**600 LAKEVIEW ROAD, STE A**

City

**CLEARWATER**

**FL**

Zip Code

**33756**

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

*[Handwritten Signature]*

(NOTE: Registered Agent signature required when reinstating)

**25-02**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LOWREY, JAMES R</b>	
STREET ADDRESS	<b>610 BELLE ISLE AVENUE</b>	
CITY-ST-ZIP	<b>BELLEAIR BCH FL</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WARREN, HUGHES J.</b>	
STREET ADDRESS	<b>55 ROGERS NO. 204</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 34616</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>LOWREY, JANE</b>	
STREET ADDRESS	<b>610 BELLE ISLE AVENUE</b>	
CITY-ST-ZIP	<b>BELLEAIR BCH FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GREGORY DEY</b>	
STREET ADDRESS	<b>600 LAKEVIEW RD, STE A</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33756</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*

**25-02**

Date

Daytime Phone #

CR2E037 (9/01)