


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90020 008 ****61.25

DOCUMENT # 760565					
1. Entity Name LAKEVIEW OAKS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 600 LAKEVIEW RD STE A CLEARWATER, FL 33756		Mailing Address 600 LAKEVIEW RD STE A CLEARWATER, FL 33756			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02032004 Chg-NP CR2E037 (10/03) 4. FEI Number 59-2158578 <input type="checkbox"/> 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			7. Name and Address of New Registered Agent		
GREGORY, DEY 600 LAKEVIEW RD STE A CLEARWATER, FL 33756			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOWREY, JAMES R	NAME	9775 WEST WYNN CT		
STREET ADDRESS	610 BELLE ISLE AVENUE	STREET ADDRESS	CRYSTAL RIVER FL 34429		
CITY-ST-ZIP	BELLEAIR BCH, FL	CITY-ST-ZIP			
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LOWREY, JANE	NAME			
STREET ADDRESS	610 BELLE ISLE AVENUE	STREET ADDRESS			
CITY-ST-ZIP	BELLEAIR BCH, FL	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREGORY, DEY	NAME			
STREET ADDRESS	600 LAKEVIEW RD STE A	STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER, FL 337569	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	DEBBIE HARTMAN		
STREET ADDRESS		STREET ADDRESS	600 LAKEVIEW RD STE A		
CITY-ST-ZIP		CITY-ST-ZIP	CLEARWATER FL 33756		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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		2-3-04 Date	
		GREGORY, DEY		727-461-1237 Daytime Phone #	