

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 # 769199 (1)

1. Corporation Name
LAKEVIEW VILLAS AT PEBBLE CREEK VILLAGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 16105 N. FLA AVE STE E LUTZ FL 33549 US
Mailing Address: P.O. BX 82277 TAMPA FL 33682-2277 US

3. Date Incorporated or Qualified: 07/01/1983
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-2327938
Applied For: Not Applicable

Suite, Apt. #, etc.: 22

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

Zip: 29
Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, THOMAS R
16105 N. FLA AVE
STE E
LUTZ FL 33549

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 the date (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HUGHES, DAPHNE	
STREET ADDRESS	18320 AINTREE CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHERWOOD, FRANK	
STREET ADDRESS	18303 AINTREE CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BOWERS, NORBERT	
STREET ADDRESS	18423 AINTREE CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BRYAN, MARK	
STREET ADDRESS	18316 AINTREE CT	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	BECKLEY, ORVIL	
STREET ADDRESS	18431 AINTREE CT	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DIANE CHILDERS
3.3 STREET ADDRESS	18439 Aintree Court
3.4 CITY-ST-ZIP	Tampa, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HELEN LAVOY
4.3 STREET ADDRESS	18401 Aintree Ct
4.4 CITY-ST-ZIP	Tampa, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ARTHUR JOHNSON
6.3 STREET ADDRESS	18420 Aintree Ct
6.4 CITY-ST-ZIP	Tampa, FL

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: *Daphne Hughes* PRESIDENT 3/6/96 973-8892
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)