


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 33540 US	Mailing Address P.O. BX 82277 TAMPA FL 33682-2277 US	3. Date Incorporated or Qualified 07/01/1983
		4. FEI Number 59-2327938
		Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 13542 No Florida Ave Suite, Apt. #, etc. 22 SUITE # 210 City & State 23 Tampa, FL Zip 24 33613	2a. Mailing Address 26 P.O. Box 82277 Suite, Apt. #, etc. 27 City & State 28 Tampa, FL Zip 29 33682-2277	Country 25 US	Country 30 US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	---	------------------	------------------	---	--	---	--

9. Name and Address of Current Registered Agent SMITH, THOMAS R 16105 N. FLA AVE STE E LUTZ FL 33540	10. Name and Address of New Registered Agent 81 Name SMITH, THOMAS R. 82 Street Address (P.O. Box Number is Not Acceptable) 13542 No Florida Ave. 83 SUITE 210 84 City TAMPA FL 85 Zip Code 33613
--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 R. Smith* DATE: 1/28/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHERWOOD, FRANK 18303 AINTREE CT TAMPA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
			PD SPECTOR, MICHAEL 18407 AINTREE CT TAMPA, FL 33617
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SHERWOOD, FRANK 18303 AINTREE CT TAMPA FL	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
			VD AMBRIOLE, ROBERT 18419 AINTREE CT. TAMPA, FL 33617
			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CHILDERS, DIANE 18439 AINTREE COURT TAMPA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
			VD BRYAN, MARK 18316 AINTREE CT. TAMPA, FL 33617
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CHILDERS, DIANE 18439 AINTREE CT TAMPA FL	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BERNARD, FREDERICK 18309 AINTREE CT TAMPA FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPECTOR, MICHAEL 18407 AINTREE CT TAMPA FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *FREDERICK R. BERNARD* DATE: 1/28/98 DAYTIME PHONE: 813 907 0518

CR2E037 (10/97)