

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 6:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N16877** (5)

1. Corporation Name

**LAKEVIEW GARDENS AT WEKIVA COVE CONDOMINIUM ASSO
CIATION, INC.**

Principal Place of Business

Mailing Address

**WOMACK & COMPANY
445 DOUGLAS AVE., SUITE 2205-C
ALTAMONTE SPRINGS FL 32714
US**

**WOMACK & COMPANY
P.O. BOX 160386
ALTAMONTE SPRINGS FL 32716-0386**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/18/1986** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2732593** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORRADINO, BETTY
300 NEW WATERFORD PLACE, #204
LONGWOOD FL 32779**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-----------------|---------------------------|
| TITLE | POX |
| NAME | MILLER, JOHN |
| STREET ADDRESS | 300 NEW WATERFORD PL #106 |
| CITY - ST - ZIP | LONGWOOD FL |
| TITLE | TD |
| NAME | CORRADINO, BETTY |
| STREET ADDRESS | 300 NEW WATERFORD PL #204 |
| CITY - ST - ZIP | LONGWOOD FL |
| TITLE | SD |
| NAME | MILLER, NANCY |
| STREET ADDRESS | 300 NEW WATERFORD PL #106 |
| CITY - ST - ZIP | LONGWOOD FL |
| TITLE | D |
| NAME | TOTO, ELIZABETH |
| STREET ADDRESS | 300 NEW WATERFORD PL #206 |
| CITY - ST - ZIP | LONGWOOD FL |
| TITLE | D |
| NAME | LUTCHKOFF, SHARON |
| STREET ADDRESS | 300 NEW WATERFORD PL #202 |
| CITY - ST - ZIP | LONGWOOD FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | | |
|---------------------|----------------------------|--|
| 1.1 TITLE | D | <input checked="" 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 type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 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 | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Susan C. Ruscella | |
| 6.3 STREET ADDRESS | 300 New Waterford Pl. #104 | |
| 6.4 CITY - ST - ZIP | Longwood, FL 32779 | |

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 118.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Corradino* **BETTY CORRADINO** *TREASURER* **4/24/95** *407/682-3443*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Month/Day/Year) (Phone Number)