

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 # **N16877** (5)

1. Corporation Name
LAKEVIEW GARDENS AT WEKIVA COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: % WOMACK & COMPANY, 445 DOUGLAS AVE., SUITE 2205-C, ALTAMONTE SPRINGS FL 32714 US
Mailing Address: % WOMACK & COMPANY, P.O. BOX 160386, ALTAMONTE SPRINGS FL 32716-0386

3. Date Incorporated or Qualified: 09/18/1986
3a. Date of Last Report: 04/28/1995
4. FEI Number: 59-2732593
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: CORRADINO, BETTY, 300 NEW WATERFORD PLACE, #204, LONGWOOD FL 32779
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: MD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MILLER, NANCY		1.2 NAME: Mackle, Amelia	
STREET ADDRESS: 300 NEW WATERFORD PL #106		1.3 STREET ADDRESS: 300 N. Waterford Place #102	
CITY-ST-ZIP: LONGWOOD FL		1.4 CITY-ST-ZIP: Longwood, FL 32779	
TITLE: TD	<input type="checkbox"/> DELETE	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: CORRADINO, BETTY		2.2 NAME:	
STREET ADDRESS: 300 NEW WATERFORD PL #204		2.3 STREET ADDRESS:	
CITY-ST-ZIP: LONGWOOD FL		2.4 CITY-ST-ZIP:	
TITLE: SD	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: MILLER, NANCY		3.2 NAME:	
STREET ADDRESS: 300 NEW WATERFORD PL #106		3.3 STREET ADDRESS:	
CITY-ST-ZIP: LONGWOOD FL		3.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: TOTO, ELIZABETH		4.2 NAME:	
STREET ADDRESS: 300 NEW WATERFORD PL #206		4.3 STREET ADDRESS:	
CITY-ST-ZIP: LONGWOOD FL		4.4 CITY-ST-ZIP:	
TITLE: D	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: LUTCHKOFF, SHARON		5.2 NAME:	
STREET ADDRESS: 300 NEW WATERFORD PL #202		5.3 STREET ADDRESS:	
CITY-ST-ZIP: LONGWOOD FL		5.4 CITY-ST-ZIP:	
TITLE: PD	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: RUSCELLA, SUSAN C.		6.2 NAME:	
STREET ADDRESS: 300 NEW WATERFORD PL #104		6.3 STREET ADDRESS:	
CITY-ST-ZIP: LONGWOOD FL		6.4 CITY-ST-ZIP:	

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: Betty Corradino 3/29/96 407/682-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E037 (12/95)