


FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N16877** (5)  
1. Corporation Name  
**LAKEVIEW GARDENS AT WEKIVA COVE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>% WOMACK &amp; COMPANY 445 DOUGLAS AVE., SUITE 2205-C ALTAMONTE SPRINGS FL 32714 US</b>	Mailing Address <b>% WOMACK &amp; COMPANY P.O. BOX 160396 ALTAMONTE SPRINGS FL 32716-0396</b>
---	--

3. Date Incorporated or Qualified <b>09/16/1986</b>	3a. Date of Last Report <b>04/10/1996</b>
--	--

2. Principal Place of Business <b>21 238 N. Westmonte Drive</b>	2a. Mailing Address <b>26 Suite, Apt. #, etc.</b>
<b>22 Suite 105</b>	<b>27 Suite, Apt. #, etc.</b>
<b>23 Altamonte Springs, FL</b>	<b>28 City &amp; State</b>
<b>24 32714</b>	<b>25 USA</b>

4. FEI Number <b>59-2732593</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACKLE, AMELIA</b>	1.2 NAME	
STREET ADDRESS	<b>300 NORTH WATERFORD PLACE #102</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORRADINO, BETTY</b>	2.2 NAME	
STREET ADDRESS	<b>300 NEW WATERFORD PL#204</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, NANCY</b>	3.2 NAME	
STREET ADDRESS	<b>300 NEW WATERFORD PL#106</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TOTO, ELIZABETH</b>	4.2 NAME	
STREET ADDRESS	<b>300 NEW WATERFORD PL#206</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUTCHKOFF, SHARON</b>	5.2 NAME	
STREET ADDRESS	<b>300 NEW WATERFORD PL#202</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSCELLA, SUSAN C.</b>	6.2 NAME	
STREET ADDRESS	<b>300 NEW WATERFORD PL. #104</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	6.4 CITY-ST-ZIP	

14. I do 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 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: **SIGNATURE REQUIRED** *Betty Corradino* 5-2-97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0013260

CR2E037 (9/96)