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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N16877

1. Corporation Name

LAKEVIEW GARDENS AT WEKIVA COVE CONDOMINIUM ASSO  
CIATION, INC.

Principal Place of Business

238 N WESTMONTE DRIVE  
SUITE 260  
ALTAMONTE SPRINGS FL 32714  
US

Mailing Address

% WORMACK & COMPANY  
P.O. BOX 166386  
ALTAMONTE SPRINGS FL 32716-0386



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 c/o VISTA C.A.M.

27 P.O. Box 161606

28 Altamonte Springs, FL

29 32716-1606 30 USA

3. Date Incorporated or Qualified

09/18/1986

4. FEI Number

59-2732593

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE  DELETE

D  
NAME MACKLE, AMELIA  
STREET ADDRESS 300 NORTH WATERFORD PLACE #102  
CITY-ST-ZIP LONGWOOD FL

TITLE  DELETE

TD  
NAME CORRADINO, BETTY  
STREET ADDRESS 300 NEW WATERFORD PL#204  
CITY-ST-ZIP LONGWOOD FL

TITLE  DELETE

SD  
NAME MILLER, NANCY  
STREET ADDRESS 300 NEW WATERFORD PL#106  
CITY-ST-ZIP LONGWOOD FL

TITLE  DELETE

D  
NAME TOTO, ELIZABETH  
STREET ADDRESS 300 NEW WATERFORD PL#206  
CITY-ST-ZIP LONGWOOD FL

TITLE  DELETE

D  
NAME LUTCHKOFF, SHARON  
STREET ADDRESS 300 NEW WATERFORD PL#202  
CITY-ST-ZIP LONGWOOD FL

TITLE  DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

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)(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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Betty Corradino 6-1-99 407-682-1712

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)