

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N16877

1. Entity Name

LAKEVIEW GARDENS AT WEKIVA COVE CONDOMINIUM ASSO

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90080 046 ****61.25

Principal Place of Business

Mailing Address

238 N WESTMONTE DRIVE
 SUITE 260
 ALTAMONTE SPRINGS FL 32714
 US

C/O VISTA C.A.M.
 P.O. BOX 160386
 ALTAMONTE SPRINGS FL 32716-0386

2. Principal Place of Business

3. Mailing Address

225 S. Westmonte Drive

P.O. Box 161606

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 2050

City & State

City & State

Altamonte Springs, FL

Altamonte Springs, FL

Zip

Country

Zip

Country

32714

USA

32714

USA

4. FEI Number

59-2732593

Applied For

Not Applicable

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

Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	MACKLE, AMELIA	
STREET ADDRESS	300 NEW WATERFORD PLACE #102	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CORRADINO, BETTY	
STREET ADDRESS	300 NEW WATERFORD PL #204	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, NANCY	
STREET ADDRESS	300 NEW WATERFORD PL #106	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOTO, ELIZABETH	
STREET ADDRESS	300 NEW WATERFORD PL #206	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LUTCHKOFF, SHARON	
STREET ADDRESS	300 NEW WATERFORD PL #202	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eileen Hall	
STREET ADDRESS	300 New Waterford Pl.	
CITY-ST-ZIP	Longwood, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marie Von Hugel	
STREET ADDRESS	300 New Waterford Pl. #104	
CITY-ST-ZIP	Longwood, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zelma Parker	
STREET ADDRESS	300 New Waterford Pl. # 200	
CITY-ST-ZIP	Longwood, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carol Norris	
STREET ADDRESS	300 New Waterford Pl.	
CITY-ST-ZIP	Longwood, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Betty Corradino **Betty Corradino** 5-5-00-682-1712
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)