

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2001 8:00 am
Secretary of State

06-06-2001 90006 034 ****61.25

DOCUMENT # N16877

1. Entity Name

LÀKEVIEW GARDENS AT WEKIVA COVE CONDOMINIUM ASSO

Principal Place of Business

Mailing Address

225 S. WESTMONTE DR.
 SUITE 2050
 ALTAMONTE SPRINGS FL 32714
 US

P.O. BOX 161606
 ALTAMONTE SPRINGS FL 32714

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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.

(NOT) 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 NORTH WATERFORD PLACE #102 <i>New</i>	
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 type="checkbox"/> Delete
NAME	NORRIS, CAROL	
STREET ADDRESS	300 NEW WATERFORD PL.	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HALL, EILEEN	
STREET ADDRESS	300 NEW WATERFORD PL.	
CITY-ST-ZIP	LONGWOOD FL	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Zelma Parker <i>New</i>	
STREET ADDRESS	300 North Waterford Place #200	
CITY-ST-ZIP	Longwood, FL	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eugene Lanza <i>New</i>	
STREET ADDRESS	300 North Waterford Place #104	
CITY-ST-ZIP	Longwood, FL	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 6-5-2001 LS2-1712 *407-*

CR2E037 (10/00)