

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18975 (5)

1. Corporation Name
LAKEVIEW MEDICAL PLAZA CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **3435 10TH ST. NO. #201 NAPLES FL 33940**
Mailing Address: **3435 10TH ST. NO. #201 NAPLES FL 33940**

3. Date Incorporated or Qualified: **01/28/1987**
3a. Date of Last Report: **04/18/1995**
4. FEI Number: **59-2795526**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$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**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**MELLON, JACK C
844 ANCHOR RODE DR
NAPLES FL 33940**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GAHAGAN, THOMAS	
STREET ADDRESS	700 SECOND AVE NORTH #305	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCREE, D. GENE	
STREET ADDRESS	700 SECOND AVE NORTH #301	
CITY-ST-ZIP	NAPLES FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BASE, PATRICE C	
STREET ADDRESS	700 SECOND AVE N #201	
CITY-ST-ZIP	NAPLES FL	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	BUBE, NORMAND	
STREET ADDRESS	3435 10TH ST N #201	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TREASURER/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GAHAGAN, THOMAS	
1.3 STREET ADDRESS	700 SECOND AVENUE NORTH #305	
1.4 CITY-ST-ZIP	NAPLES, FL 33940	
2.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCCREE, D. GENE	
2.3 STREET ADDRESS	700 SECOND AVENUE NORTH # 301	
2.4 CITY-ST-ZIP	NAPLES, FL 33940	
3.1 TITLE	SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CRANDALL, BLANE	
3.3 STREET ADDRESS	700 SECOND AVENUE NO. #202	
3.4 CITY-ST-ZIP	NAPLES, FL 33940	
4.1 TITLE	ASSISTANT SECRETARY/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MANNING, JERRY	
4.3 STREET ADDRESS	3435 10TH STREET N #201	
4.4 CITY-ST-ZIP	NAPLES, FL 33940	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: _____ DATE: **4/12/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)