

**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	<del>DP</del>	<input type="checkbox"/> DELETE
NAME	<b>GAHAGAN, THOMAS</b>	
STREET ADDRESS	<b>700 SECOND AVE NORTH #305</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<del>D</del>	<input type="checkbox"/> DELETE
NAME	<b>MCCREE, D. GENE</b>	
STREET ADDRESS	<b>700 SECOND AVE NORTH #301</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<del>DP</del>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BASE, PATRICE C</b>	
STREET ADDRESS	<b>700 SECOND AVE N #201</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<del>M</del>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DUDE, NORMAND</b>	
STREET ADDRESS	<b>3435 10TH ST N #201</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
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	<b>TREASURER/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GAHAGAN, THOMAS</b>	
1.3 STREET ADDRESS	<b>700 SECOND AVENUE NORTH #305</b>	
1.4 CITY-ST-ZIP	<b>NAPLES, FL 33940</b>	
2.1 TITLE	<b>PRESIDENT/DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MCCREE, D. GENE</b>	
2.3 STREET ADDRESS	<b>700 SECOND AVENUE NORTH # 301</b>	
2.4 CITY-ST-ZIP	<b>NAPLES, FL 33940</b>	
3.1 TITLE	<b>SECRETARY/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>CRANDALL, BLANE</b>	
3.3 STREET ADDRESS	<b>700 SECOND AVENUE NO. #202</b>	
3.4 CITY-ST-ZIP	<b>NAPLES, FL 33940</b>	
4.1 TITLE	<b>ASSISTANT SECRETARY/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>MANNING, JERRY</b>	
4.3 STREET ADDRESS	<b>3435 10TH STREET N #201</b>	
4.4 CITY-ST-ZIP	<b>NAPLES, FL 33940</b>	
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)