## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

N18975

(5)

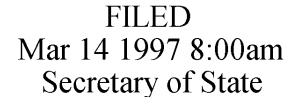
LAKEVIEW MEDICAL PLAZA CONDOMINIUM ASSOCIATION,

Principal Place of Business

Mailing Address

3435 10TH ST. NO., #201

3435 10TH ST. NO., #201





NAPLES FL 33940		NAPLES FL 34103-3815			
					3. Date Incorporated or Qualified 3a. Date of Last Report 05/01/1996
2. Principal Pla	sce of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-2795526 Not Applicable
Suite, Apt. #	, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional
22		27			Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be
Zip	Country	28	Cou	atry	1 rust Fund Contribution
24]	25	29	30	шу	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
24)	9. Name and Address of Current	<u> </u>	1301		10. Name and Address of New Registered Agent
				81 Name	
MELLON,	JACK C		ļ		
	HOR RODE DR		1	82 Street	et Address (P.O. Box Number is Not Acceptable)
NAPLES			<u> </u>	83	
INFLES	I L WOTU		Į		
				B4 City	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 617 0502	and 617.1508. Florida Statut	tes, the ah	ove-namor	d corporation submits this statement for the purpose of changing its registered
office or re- agent. I am	gistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was ions of, Section 617.0503, Fl	authorized orida Stati	I by the cou utes.	orporation's board of directors. I hereby accept the appointment as registered
SIGNATURE _					. ( )
12.	Ignature, typed or printed name of registered agen OFFICERS AND		13.	Agent s gnatur	ure required when reinstaling)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD	DELETE	1.1 10		President
NAME	GAHAGAN, THOMAS	*******	1.2 NA		GYORKOS, RICHARD
STREET ADDRESS		±305	1	REET ADDRESS	700 0500NID 3170 N #400
CITY-ST-ZIP	NAPLES FL 33940	000		Y · ST - ZIP	NAPLES FL 34102
TITLE	PD	DELETE	2.1 111		Change Addition
NAME	MCCREE, D. GENE	<i>*</i>	2.2 NA		Sec/Treas.
STREET ADDRESS	700 SECOND AVE NORTH #	301		HEET ADDRESS	SILVERSTEIN, JANE 700 SECOND AVE. N. #303
CITY-ST-ZIP	NAPLES FL 33940			1Y-\$1-ZIP	NAPLES FL 34102
TITLE	SD	DELETE	3,1 111		Director Change Addition
NAME	CRANDELL, BLANE C	<b>/</b>	3.2 NA	ME	
STREET ADDRESS	700 SECOND AVE. N #202		3.3 ST	REET ADDRESS	SCHWARTZ, ROSANN 700 SECOND AVE. N. #304
CITY-ST-ZIP	NAPLES FL 33940		3.4 CI	TY-\$1-ZIP	NAPLES FL 34102
TITLE	ASD	☐ DELETE	4.1 TIT		Change Addition
NAME	MANNING, JERRY		4. 2 NA	ME	
STREET ADDRESS	3435 10TH ST N #201		4.3 ST	REET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940		4.4 011	Y-ST-ZIP	
TITLE		☐ DELFTE	5.1 TIT		Change Addition
NAME			5.2 NA	ME	
STREET ADDRESS			5.3 S1I	REET ADDRESS	3
CITY-ST-ZIP			5.4 CIT	Y - ST - ZIP	
TITLE		☐ DELETE	6.1 TIT	LE	Change Addition
NAME			6.2 NA	ME	
STREET ADDRESS			6.3 ST	REET ADDRESS	
CITY-ST-ZIP			6.4 CIT	Y - S1 - ZIP	

14. I do 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.