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**Mar 14 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34103-3815
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3. Date Incorporated or Qualified 01/28/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2795526	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	GAHAGAN, THOMAS
STREET ADDRESS	700 SECOND AVE NORTH #305
CITY-ST-ZIP	NAPLES FL 33940
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MCCREE, D. GENE
STREET ADDRESS	700 SECOND AVE NORTH #301
CITY-ST-ZIP	NAPLES FL 33940
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	CRANDELL, BLANE C
STREET ADDRESS	700 SECOND AVE. N #202
CITY-ST-ZIP	NAPLES FL 33940
TITLE	ASD <input type="checkbox"/> DELETE
NAME	MANNING, JERRY
STREET ADDRESS	3435 10TH ST N #201
CITY-ST-ZIP	NAPLES FL 33940
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	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GYORKOS, RICHARD
1.3 STREET ADDRESS	700 SECOND AVE. N. #102
1.4 CITY-ST-ZIP	NAPLES FL 34102
2.1 TITLE	Sec/Treas. <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SILVERSTEIN, JANE
2.3 STREET ADDRESS	700 SECOND AVE. N. #303
2.4 CITY-ST-ZIP	NAPLES FL 34102
3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCHWARTZ, ROSANN
3.3 STREET ADDRESS	700 SECOND AVE. N. #304
3.4 CITY-ST-ZIP	NAPLES FL 34102
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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	

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.

CR2E037 (9/96)