## Z001-2002 OR-PROFIT CORPORATION

UNIFORM	<b>BUSINESS REPORT</b>	(
DOCUMENT #	1/1000	

CUMENT # N 1891/5 1. Entity Name

SIGNATURE:

Lakeview Medical Plaza Condominium Association, Inc.

page 1 of P

239-434-747

02 MAY 17 PM 2: 23

SECRETARY OF STATE

D	O NOT WRITE	IN THIS SI	PACE •	<b>1</b>	ALLAHASSEE.	FLORIDA
2. Principal Plac Yo Inka	e of Business rated Property Mant	3. Mailing Address Yo Integrated	Property Mynnt	200		2 UBR
Suite, Apt. 4,	etc. H. Street N. #201	Suite, Apl. #, etc. 3435-104 St. /	1. #201	200	7200	
City & State		City & State Naplus, FL		4. FEI Number 59-2	795526	Applied For Not Applicable
Naples Zip	' Country	Zip	Country	5. Certificate of Sta	Docirod	\$8.75 Additional Fee Required
34/0	3	34103	2000	7. Name and Address of Current Registered Agent		
Agorto Albania Agorto Albania		<del>e la caración de la c</del>	=Name	Hal Kiena	<del></del>	
	DO NOT W	RITE	-Street Address	(P.O. Box Number is N	ot Acceptable)	
en eferie. Serve egev	IN THIS SP	ACE		00 80 22		
and the first			Ciry A/	aples	FL	Zip Code 34102
• The should B	arned entity submits this statement for	the purpose of changing its	s registered office or regist	tered agent, or both, in t	he state of Florida.	
6. The above in	anned erany submits this statement of		-		1 .	
CICNATURE	- Colles	HAL KIENT			. 4/4/0	2
SIGNATURE	Ignature, typed or printed name of registered agent	and little if applicable. (NO	TE: Registered Agent signature requi	red when reinstaling)	UATE	Art expedit part is a city on state Art Section (
<b>1</b>	FEE IS \$61.25 Initial or Amended UBR	Trust Fund	impaign Financing Contribution.	\$5.00 May Be Added to Fees		k Payable to int of State
10.	OFFICERS AND DI	RECTORS	TILE			(6)
TITLE NAME	P/D Kiena, Hal		NAME		e de la companya de	(12
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CITY-ST-ZIP	Naples, FL		штт	9.00 - 97.00 6.00	aninnar-c	
TITLE	V/D Sheaf, Steve		NAME		-06/257	979685- 85 02-01070008
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CITY+ST-ZIP TITLE	Naples, FL		me,			
-NAME	S/T/D Albert, Larry		STREET ADDRESS			
STREET ADDRESS	700 - 2nd Ave. N.		CITY ST-ZIP	DO	NOT WR	II <b>L</b>
CITY+ST-ZIP	Naples, FL		MILE	IN:	THIS SPA	CE
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CITY-ST-ZIP	certify that the information supplied w	th this filling does not qualify	Company of the Company of the Company	n Section 119.07(3)(i), F	forida Statutes, I further of	certify that the information
indicated	certify that the information supplied with on this report or supplemental report or progration or the receiver or trustee entent with an address, with all other like.	nnowered to execute this re	at my signature shall have port as required by Chapl	the same legal effect as ter 617, Florida Statutes	s if made under dath; that ; and that my name app	ears in Block 10 or on an





May 14, 2002

Division of Corporations
Annual Report/Uniform Business Report Section
PO Box 6327
Tallahassee, FL 32314

RE: UBR Filing for 2002 for

Lakeview Medical Plaza Condominium Association, Inc. (#N18975)

To Whom It May Concern:

I spoke with the Division of Corporations and was told that the 2001 UBR for the above referenced association was "Returned to Sender" to your offices. I was told that the Association needed to write this letter indicating that the 2001 UBR was never received for filing last year and submit a check for 2001 & 2002 along with the UBRs. I did that and mailed the UBRs (with the checks) on 4/15/02. However, these reports were returned to me and I am now told that only the 2002 UBR needs to be filed along with a reinstatement fee of \$122.50

➤ Per your office's instructions, enclosed please find the UBR for 2002 and 2 checks each for \$61.25 (totaling \$122.50) in filing fees.

If you have any questions, please feel free to contact me at (239) 434-7447.

Sincerely,

Frank Kropik

Property Manager

Frank Kropik De

Copy: Lakeview Medical Plaza Condominium Association Files

Lakeview Medical Plaza Condominium Association Board of Directors