

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 # **N24063** (2)

1. Corporation Name

LAKEVIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 950856
LAKE MARY FL 32795

P.O. BOX 950856
LAKE MARY FL 32795



3. Date Incorporated or Qualified
12/22/1987

3a. Date of Last Report
05/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KRUSE, RAY
353 LAKEBREEZE CIRCLE
LAKE MARY FL 32746**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VD

☐ DELETE

NAME

KRUSE, RAY

STREET ADDRESS

353 LAKEBREEZE CIRCLE

CITY- ST- ZIP

LAKE MARY FL

TITLE

SD

☐ DELETE

NAME

KELLY, GAIL

STREET ADDRESS

350 LAKEBREEZE CIR.

CITY- ST- ZIP

LAKE MARY FL 32746

TITLE

TD

☐ DELETE

NAME

CONFESSORE, VICTOR

STREET ADDRESS

437 MAINSAIL CT.

CITY- ST- ZIP

LAKE MARY FL 32746

TITLE

PD

☐ DELETE

NAME

HARDY, RUSSELL

STREET ADDRESS

368 LAKEBREEZE CIR.

CITY- ST- ZIP

LAKE MARY FL

TITLE

D

☐ DELETE

NAME

REYNOLDS, MICHAEL

STREET ADDRESS

601 SPINNAKER WAY

CITY- ST- ZIP

LAKE MARY FL

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

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54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FEB 07 '96

407-330-0628

CR2E037 (12/95)