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Mar 26 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 P.O. BOX 950856  
LAKE MARY FL 32785 LAKE MARY FL 32785-0856

3. Date Incorporated or Qualified 12/22/1987 3a. Date of Last Report 02/14/1996  
4. FEI Number 59-2928310 Applied For Not Applicable  
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 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
KRUSE, RAY  
353 LAKEBREEZE CIRCLE  
LAKE MARY FL 32748

10. Name and Address of New Registered Agent  
81 Name RUTH ANN HARRIS  
82 Street Address (P.O. Box Number is Not Acceptable) 246 LAKE BREEZE CIRCLE  
83  
84 City LAKE MARY FL 85 Zip Code 32746

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 *Ruth Ann Harris, Treasurer* 03-17-1997  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
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.  
LAKE MARY FL 32748  
TITLE TD ☒ DELETE  
NAME CONFESSORE, VICTOR  
STREET ADDRESS 437 MAINSAIL CT.  
CITY-ST-ZIP LAKE MARY FL 32748  
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE PRESIDENT - D ☒ Change ☐ Addition  
1.2 NAME W. JUDSON ROGERS III  
1.3 STREET ADDRESS 357 LAKE BREEZE CIRCLE  
1.4 CITY-ST-ZIP LAKE MARY, FL 32746  
2.1 TITLE VICE-PRES. - D ☒ Change ☐ Addition  
2.2 NAME BARBARA NEWMAN  
2.3 STREET ADDRESS 596 SPINNAKER WAY  
2.4 CITY-ST-ZIP LAKE MARY, FL 32746  
3.1 TITLE SECRETARY - D ☒ Change ☐ Addition  
3.2 NAME MARILYN ERD  
3.3 STREET ADDRESS 124 LAKEBREEZE CIRCLE  
3.4 CITY-ST-ZIP LAKE MARY, FL 32746  
4.1 TITLE TREASURER - D ☒ Change ☐ Addition  
4.2 NAME RUTH ANN HARRIS  
4.3 STREET ADDRESS 246 LAKEBREEZE CIRCLE  
4.4 CITY-ST-ZIP LAKE MARY, FL 32746  
5.1 TITLE MEMBER-AT-LARGE - D ☒ Change ☐ Addition  
5.2 NAME KRIS MORRIS DIRECTOR-AT-LARGE  
5.3 STREET ADDRESS 887 MAINSAIL COURT  
5.4 CITY-ST-ZIP LAKE MARY, FL  
6.1 TITLE ☐ Change ☐ 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.

SIGNATURE: *W. Judson Rogers III* W. JUDSON ROGERS III 2/27/97 (407) 339-5984  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015624

CR2E037 (9/96)