

FILE NOW: FILING FEE IS \$61.25

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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 LAKE MARY FL 32785  
P.O. BOX 950856 LAKE MARY FL 32785-0856

3. Date Incorporated or Qualified 12/22/1987  
3a. Date of Last Report 02/14/1996

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

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

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 obligation of, Section 617.0503, Florida Statutes.  
SIGNATURE: Ruth Ann Harris, Treasurer 03-17-1997  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KRUSE, RAY	
STREET ADDRESS	353 LAKEBREEZE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KELLY, GAIL	
STREET ADDRESS	350 LAKEBREEZE CIR.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CONFESSORE, VICTOR	
STREET ADDRESS	437 MAINSAIL CT.	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARDY, RUSSELL	
STREET ADDRESS	368 LAKEBREEZE CIR.	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, MICHAEL	
STREET ADDRESS	601 SPINNAKER WAY	
CITY-ST-ZIP	LAKE MARY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT - D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KRIS MORRIS	
5.3 STREET ADDRESS	897 MAINSAIL COURT	
5.4 CITY-ST-ZIP	LAKE MARY, FL	
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.  
SIGNATURE: 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)