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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 850856 LAKE MARY FL 32795 P.O. BOX 850856 LAKE MARY FL 32795

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

3. Date Incorporated or Qualified
12/22/1987

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
HARRIS, RUTH A
246 LAKE BREEZE CIRCLE
LAKE MARY FL 32748

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 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	PD	<input type="checkbox"/> DELETE
NAME	ROGERS III, W J	
STREET ADDRESS	357 LAKE BREEZE CIR	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, BARBARA	
STREET ADDRESS	598 SPINNAKER WAY	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ERD, MARILYN	
STREET ADDRESS	124 LAKE BREEZE CIR	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HARRIS, RUTH A	
STREET ADDRESS	246 LAKEBREEZE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORRIS, KRIS	
STREET ADDRESS	387 MAINSAIL COURT	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dir. Pres. <i>[Signature]</i>
2.3 STREET ADDRESS	302 Lake Breeze Circle
2.4 CITY-ST-ZIP	Lake Mary, FL 32746
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary Kristene F. Morris
3.3 STREET ADDRESS	387 Mainsail Ct
3.4 CITY-ST-ZIP	Lake Mary, FL 32746
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Monica Guyan
4.3 STREET ADDRESS	298 Lake Breeze Circle
4.4 CITY-ST-ZIP	Lake Mary, FL 32746
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dir-at-Large Ruth Ann Harris
5.3 STREET ADDRESS	246 Lake Breeze Circle, Lake Mary,
5.4 CITY-ST-ZIP	FL 32746
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Dir-at-Large Marilyn Erd
6.3 STREET ADDRESS	124 Lake Breeze Circle, Lake Mary, FL
6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* 2/2/98 (407) 339-5984

CF2E037 (10/97)