

FILE NOW: FILING FEE IS \$61.25

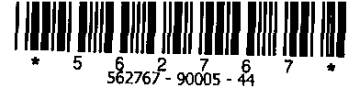
**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90038 042 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24063**

1. Corporation Name  
**LAKEVIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business P.O. BOX 950856 LAKE MARY FL 32795	Mailing Address P.O. BOX 950856 LAKE MARY FL 32795
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/22/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2928310
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARRIS, RUTH A 246 LAKE BREEZE CIRCLE LAKE MARY FL 32746		Kris Morris 387 Mainsail Ct. Lake Mary, FL 32746	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		85 Zip Code	FL

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: *Kristene F. Morris* DATE: 4.28.99

(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	ROGERS III, W J 357 LAKE BREEZE CIR LAKE MARY FL	1.1 TITLE President	D Change Addition
TITLE D	ERD, MARILYN 124 LAKEBREEZE CIR LAKE MARY FL	1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 5627 S. CANAL 197 LAKEBREEZE CIRCLE LAKE MARY, FL 32746	D Change Addition
TITLE S	MORRIS, KRISTENE F 387 MAINSAIL CT LAKE MARY FL 32746	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP Vice President W.A. GARDINAWAY 161 LAKEBREEZE CIRCLE LAKE MARY, FL 32746	D Change Addition
TITLE TD	GUYAN, MONICA 298 LAKE BREEZE CIR LAKE MARY FL 32746	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP Treasurer Morris, Kristene F. 387 Mainsail Ct Lake Mary, FL 32746	D Change Addition
TITLE D	HARRIS, RUTH ANN 246 LAKE BREEZE CIR LAKE MARY FL 32746	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
TITLE D	HARRIS, RUTH ANN 246 LAKE BREEZE CIR LAKE MARY FL 32746	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition
TITLE D	HARRIS, RUTH ANN 246 LAKE BREEZE CIR LAKE MARY FL 32746	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Kristene F. Morris* DATE: 4/28/99 DAYTIME PHONE: 407-328-4020

CR2E037 (1/88)