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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 **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24063**

1. Corporation Name
LAKEVIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.

562767 - 90005 - 44

Principal Place of Business	Mailing Address
P.O. BOX 950856 LAKE MARY FL 32795	P.O. BOX 950856 LAKE MARY FL 32795

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 — ☑ Applied For ☐ Not Applicable
City & State (23)	City & State (28)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip (24) Country (25)	Zip (29) Country (30)	6. Election Campaign Financing Trust Fund Contribution ☐ — $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 — 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: Kristene F. Morris Treasurer — DATE: 4.28.99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: ~~RUTH A. HARRIS~~ Kristene F. Morris — Date: 4/28/99 — Daytime Phone #: 407-328-4620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR