

2001 UNIFORM BUSINESS REPORT (UBR)

1/2

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-24-2001 90061 030 ****61.25

DOCUMENT # N24063

1. Entity Name

LAKEVIEW VILLAGE HOMEOWNERS ASSOCIATION, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2928310

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORRIS, KRIS
387 MAINSAIL CT.
LAKE MARY FL 32746

Name: **Combs, Sean**

Street Address (P.O. Box Number is Not Acceptable)

197 Lakebreeze Circle

City: **Lake Mary**

FL

Zip Code: **32746**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

[Signature]

Sean Combs

1/15/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **P** Delete
 NAME: **CANB, SEAN**
 STREET ADDRESS: **197 LAKEBREEZE CIRCLE**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **P** Change Addition
 NAME: **Combs, Sean D**
 STREET ADDRESS: **197 Lakebreeze Circle**
 CITY-ST-ZIP: **Lake Mary, FL 32746**

TITLE: **VP** Delete
 NAME: **GANNAWAY, W.A.**
 STREET ADDRESS: **161 LAKEBREEZE CIRCLE**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **T** Change Addition
 NAME: **GANNAWAY, W.A. D**
 STREET ADDRESS: **161 Lakebreeze Circle**
 CITY-ST-ZIP: **Lake Mary, FL 32746**

TITLE: **T** Delete
 NAME: **KRISTENE, MORRIS F**
 STREET ADDRESS: **387 MAINSAIL CT**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **VP** Change Addition
 NAME: **Huffman, Robert D**
 STREET ADDRESS: **213 Lakebreeze Circle**
 CITY-ST-ZIP: **Lake Mary, FL 32746**

TITLE: **TD** Delete
 NAME: **GUYAN, MONICA**
 STREET ADDRESS: **298 LAKE BREEZE CIR**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **S** Change Addition
 NAME: **Kelly, Gail D**
 STREET ADDRESS: **350 Lakebreeze Circle**
 CITY-ST-ZIP: **Lake Mary, FL 32746**

TITLE: **D** Delete
 NAME: **HARRIS, RUTH ANN**
 STREET ADDRESS: **246 LAKE BREEZE CIR**
 CITY-ST-ZIP: **LAKE MARY FL 32746**

TITLE: **D** Change Addition
 NAME: **Glass, Don D**
 STREET ADDRESS: **323 Lakebreeze Circle**
 CITY-ST-ZIP: **Lake Mary, FL 32746**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01
 DATE

(407) 324-1415
 Daytime Phone #

CR2E037 (10/00)