

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90164 048 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N25468

1. Corporation Name

LAKEVIEW VILLAGE CONDOMINIUM NO. 9 ASSOCIATION, INC.

Principal Place of Business

2180 PARK AVE., NORTH. STE 326
WINTER PARK FL 32789

Mailing Address

2180 PARK AVE., NORTH. STE 326
WINTER PARK FL 32789



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

3. Date incorporated or Qualified

03/17/1988

4. FEI Number

59-2890144

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALCOM, THOMAS D.
2180 PARK AVENUE, NORTH
SUITE 3269
WINTER PARK FL 32789

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE STD DELETE
NAME CALDER, ALEXA
STREET ADDRESS 6050-102 SCOTTWOOD GLEN
CITY-ST-ZIP ORLANDO FL 32822

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME ZEISS, BILL
STREET ADDRESS 6050-101 SCOTCHWOOD GLEN
CITY-ST-ZIP ORLANDO FL 32822

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD DELETE
NAME HAMEL, SYLVIO
STREET ADDRESS 6060-105 SCOTCHWOOD GLEN
CITY-ST-ZIP ORLANDO FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Sylvio P. Hamel

Date

4/16/99

Daytime Phone #

380-6049

CR2E037 (1/198)