FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

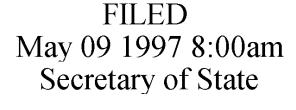
Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N35001

(9)

LAKEVIEW VILLAGE CONDOMINIUM NO. 14 ASSOCIATION, INC.





Principal Place of Business Mailing Address					- 1 100 100 100 100				
2180 W SR 434 2180 W SR 434									
SUITE 6000		SUITE 5000				1			
LONOWOOD FL 32779		LONGWOOD FL 32779-5044				3. Date Incorporated or Qualified 10/31/1989	3a. Date of Las 05/01/	t Report 1996	
L `	lace of Business	2a. Mailing Address				4. FEI Number 59-3057047	Applied For		
21 Sulte, Apt.	# ato	Suito Ant # etc	Suite, Apt. #, etc.			¢0 7F Additional			
22	π, σιο.	27				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	9	City & State				6. Election Campaign Financing	40.00 (10)		
23	28					Trust Fund Contribution Added to Fees			
Z(p 24	Country 25	Zip 29	untry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	25 29 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
······································				81 1	Name				
HART, JAMES, W. JR				82 Street Address (P.O. Box Number is Not Acceptable)					
2180 W	SR 434	L					~, 		
SUITE 5000				83					
LONGW	OOD FL 32779				City	· · · · · · · · · · · · · · · · · · ·	FL 85 Z	ip Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statu	ites, the a	bove-n	named corpo	pration submits this statement for the pu	rpose of changing	g 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 agen		Dît: Rogistêre	d Agent s	signature require	d when reinstating)	DATE OC AND DIDECT	ODE IN 12	
12.	OFFICERS AND	DELETE	1.1 11	ITLE		ADDITIONS/CHANGES TO OFFIC	Chang		
NAME	HOENE, LLOYD		1,2 N				والماات ور_	is LT vacation if	
STREET ADDRESS	3003 OAK PARK WAY #104			TREET AD	IDRESS	•			
CITY-ST-ZIP	ORLANDO FL			1.4 CITY-S1-ZIP))	
TITLE	DP DELETE 2.17					Chang	e Addition		
NAME	ellis, joe		2.2 NAME						
STREET ADDRESS	5977 BRAEMER PL #103	2.3 S		2.3 STREET ADDRESS					
CITY-ST-ZIP	ORLANDO FL		2.40		ZIP				
TITLE			3.1 TI				☐ Chang	e 🔲 Addition	
NAME	111111111111111111111111111111111111111		- 1	3.2 NAME					
STREET ADDRESS	ODI ANDO EI			TREET AD					
CITY-ST-ZIP TITLE	DELETE 4.1T		OTY-ST- ITLE	<u> </u>		Chang	e Addition		
NAME			4.21						
STREET ADDRESS			4.3 S	TREET AD	DDRESS				
CITY-ST-ZIP			4.4°C	HY-\$1-7	ZIP				
TITLE	DELETE 5.17		ITLE			Chang	e [] Addition		
NAME			5.24	IAME					
STREET ADDRESS			5.3 S	TREET AD	DRESS				
CITY-ST-ZIP				HY-\$1-	ZIP				
TITLE			DELETE 6.1 TITLE				☐ Chang	e 🔲 Addition	
NAME			6.2 N						
STREET ADDRESS			1	TREET AD	1			1	
CITY-ST-ZIP			6.4 C	HY-ST-	ZIP			··· ···	

I do 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 or in attactment with an address.

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