

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90016 029 ****61.25

DOCUMENT # N38774

1. Entity Name

LAKEVIEW HOMES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O BERT ROSEN
 5414 EAGLES POINT CIRCLE
 SARASOTA FL 34231

C/O BERT ROSEN
 5414 EAGLES POINT CIRCLE
 SARASOTA FL 34231-9144

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

65-0212539

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROSEN, BERT
5414 EAGLES POINT CIRCLE
SARASOTA FL 34231

Name

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

City

FL

Zip Code

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, 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

- TITLE **PD** Delete
- NAME **BERGER, ALAN**
- STREET ADDRESS **5410 EAGLES PT CIR**
- CITY-ST-ZIP **SARASOTA FL**
- TITLE **D** Delete
- NAME **SHARPLES, DIANE**
- STREET ADDRESS **5416 EAGLES PT CIR**
- CITY-ST-ZIP **SARASOTA FL**
- TITLE **VD** Delete
- NAME **FENTON, MARILYN**
- STREET ADDRESS **5412 EAGLES PT CIR**
- CITY-ST-ZIP **SARASOTA FL**
- TITLE **STD** Delete
- NAME **ROSEN, BERT**
- STREET ADDRESS **5414 EAGLES PT CIR**
- CITY-ST-ZIP **SARASOTA FL**
- TITLE Delete
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE Delete
- NAME
- STREET ADDRESS
- CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

- TITLE Change Addition
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE **D** Change Addition
- NAME **DAVID KEHOE**
- STREET ADDRESS **5416 EAGLES PT CIR**
- CITY-ST-ZIP **SARASOTA, FL**
- TITLE Change Addition
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE Change Addition
- 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: _____

Bert Rosen
 BERT ROSEN
 SECRETARY

1/5/00

(941) 925-1736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CF2E037 (9/99)