

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000005251 (1)**

1. Corporation Name

LAKEVIEW HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 4398 N.W. 25TH WAY BOCA RATON FL 33434		Mailing Address 4398 N.W. 25TH WAY BOCA RATON FL 33434	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
3. Date Incorporated or Qualified 10/14/1996		4. FEI Number 65-0724421	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUTCHER, BETTY
4398 N.W. 25TH WAY
BOCA RATON FL 33434**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BUTCHER, BETTY	1.2 NAME	
STREET ADDRESS	4398 N.W. 25TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BUTCHER, STEVE	2.2 NAME	
STREET ADDRESS	4398 N.W. 25TH WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	2.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BUTCHER, JEFF	3.2 NAME	
STREET ADDRESS	4398 N.W. 25TH WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33434	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	

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.

SIGNATURE:

Butcher

3/30/98 (561) 966-3970

CP2E037 (10/97)