

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

0073176

03-19-2001 90007 025 ****61.25

DOCUMENT # N98000004586

1. Entity Name

ESTATES AT LAKE VIEW PROPERTY OWNERS' ASSOCIATIO

Principal Place of Business

24301 WALDEN CENTER DR.
 STE. 300
 BONITA SPRINGS FL 34134

Mailing Address

24301 WALDEN CENTER DR.
 STE. 300
 BONITA SPRINGS FL 34134

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3537503**

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

BEYER, R C
2020 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Name **VIVIEN N. HASTINGS**
 Street Address (P.O. Box Number is Not Acceptable) **24301 WALDEN CENTER DR.**
 City **BONITA SPRINGS** **FL** Zip Code **34134**

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 _____ (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	PD	<input type="checkbox"/> Delete
NAME	BEYER, R C JR	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	VD	<input type="checkbox"/> Delete
NAME	NELSON, GARY	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	FLINN, MILTON	
STREET ADDRESS	2020 CLUBHOUSE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SFD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEREMIAH J. MAHONEY	
STREET ADDRESS	1136 SIGNATURE DRIVE	
CITY-ST-ZIP	SUN CITY CENTER, FL. 33573	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** **9 Feb 01** **813-634-3311**

CR2E037 (10/00)