


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 25, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90136 034 \*\*\*\*61.25

<b>DOCUMENT # N99000001868</b>			
1. Entity Name <b>LAKEVIEW POINT CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>4023 SAWYER ROAD SARASOTA FL 34233</b>		Mailing Address <b>4411 BEE RIDGE ROAD #482 SARASOTA FL 34233</b>	
2. Principal Place of Business <b>1891 Porter Lake Dr.</b>		3. Mailing Address <b>as above</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sarasota FL</b>		City & State	
4. FEI Number <b>65-0916002</b>		Applied For Not Applicable	
Zip <b>34240</b>	Country <b>USA</b>	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CARPENTER, CLYDE 4411 BEE RIDGE ROAD #482 SARASOTA FL 34233</b>		7. Name and Address of New Registered Agent Name: <b>Blanton, Doug</b> Street Address (P.O. Box Number is Not Acceptable): <b>4411 Bee Ridge Rd., #482</b> City: <b>Sarasota</b> FL Zip Code: <b>34233</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____			
FILE NOW: FEE IS \$61.25 After September 10, 2003, min will be \$236.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CARPENTER, CLYDE 4411 BEE RIDGE ROAD #482 SARASOTA FL 34233</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD Blanton, Doug 4411 Bee Ridge Rd. #482 Sarasota FL 34233</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BLANTON, KRISTI 4411 BEE RIDGE ROAD #482 SARASOTA FL 34233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD RUBIN, DAVID 4411 BEE RIDGE ROAD #482 SARASOTA FL 34233</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <b>SIGNATURE REQUIRED</b>		Date: <b>Kristi M. Blanton 8-22-03</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

55054867

CHECK HERE IF MAKING CHANGES

CR2E037 (4/03)