

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 11:17

DOCUMENT # 734793 (3)

1. Corporation Name

LAKEVIEW CONDOMINIUM SYSTEM, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

810 LAKE SHORE DR LAKE PARK
LAKE PARK FL 33469-8533
US

Mailing Address

2400 PGA BLVD
STE 3
PALM BCH GDNS FL 33410
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/31/1975

3a. Date of Last Report

04/12/1994

4. FEI Number

59-1979336

Applied For

Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

DONALD L BROOKS, ESQ
1201 US HWY ONE STE 325
102 LAKEVIEW BUILDING
NORTH PALM BEACH FL. 33408

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	JORDAN, EVELYN
STREET ADDRESS	810 LAKESHORE DR. #1
CITY - ST - ZIP	LAKE PARK FL
TITLE	PD
NAME	LINEHAN, WILLIAM
STREET ADDRESS	810 LAKESHORE DR #21
CITY - ST - ZIP	LAKE PARK FL
TITLE	TD
NAME	ZADA, WILLIAM
STREET ADDRESS	810 LAKESHORE DR #20
CITY - ST - ZIP	LAKE PARK FL
TITLE	SD
NAME	DEMICK, MARIAN
STREET ADDRESS	810 LAKESHORE DR. #5
CITY - ST - ZIP	LAKE PARK, FL 0
TITLE	D
NAME	PIERCE, JULIA
STREET ADDRESS	810 LAKESHORE DR #10
CITY - ST - ZIP	LAKE PARK FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	TD
3.3 STREET ADDRESS	PIERCE, JULIA
3.4 CITY - ST - ZIP	810 LAKESHORE DR. #10 LAKE PARK, FL 33403
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	D
5.3 STREET ADDRESS	BUCKLAND, CHARLES
5.4 CITY - ST - ZIP	810 LAKESHORE DR. #46 LAKE PARK, FL 33404
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William Linehan* WILLIAM LINEHAN PRES.

3/8/95

407-842-1792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number