

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **734793** (3)

1. Corporation Name

LAKEVIEW CONDOMINIUM SYSTEM, INC.



Principal Place of Business

**810 LAKE SHORE DR LAKE PARK
LAKE PARK FL 33468-8533
US**

Mailing Address

**2400 PGA BLVD
STE 3
PALM BCH GDNS FL 33410
US**

3. Date Incorporated or Qualified
12/31/1975

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~VPD~~ ☒ DELETE
NAME ~~JORDAN, EVELYN~~
STREET ADDRESS ~~810 LAKESHORE DR. #1~~
CITY - ST - ZIP ~~LAKE PARK FL~~

TITLE ~~PD~~ ☐ DELETE
NAME ~~LINEHAN, WILLIAM~~
STREET ADDRESS ~~810 LAKESHORE DR #21~~
CITY - ST - ZIP ~~LAKE PARK FL~~

TITLE ~~TD~~ ☒ DELETE
NAME ~~PIERCE, JULIA~~
STREET ADDRESS ~~810 LAKESHORE DR. #18~~
CITY - ST - ZIP ~~LAKE PARK FL~~

TITLE ~~SD~~ ☒ DELETE
NAME ~~DEMINK, MARIAN~~
STREET ADDRESS ~~810 LAKESHORE DR. #5~~
CITY - ST - ZIP ~~LAKE PARK, FL 0~~

TITLE ~~D~~ ☐ DELETE
NAME ~~BUCKLAND, CHARLES~~
STREET ADDRESS ~~810 LAKESHORE DR. #46~~
CITY - ST - ZIP ~~LAKE PARK FL~~

TITLE ☐ DELETE
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
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **STD.**
4.3 STREET ADDRESS **LOUIS MARCEAU**
4.4 CITY - ST - ZIP **810 LAKESHORE DR. #12**
LAKE PARK, FL 33403

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **VPD**
5.3 STREET ADDRESS **BUCKLAND, CHARLES**
5.4 CITY - ST - ZIP **810 LAKESHORE DR. #46**
LAKE PARK, FL 33403

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** 3/24/96 407 842-1792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)