FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

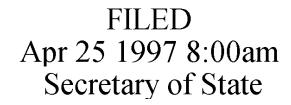
DOCUMENT # N26494

LAKEVIEW VILLAGE CONDOMINIUM NO. 10 ASSOCIATION, INC.

Principal Place of Business

1

Mailing Address





2180 PARK AVE. N., SUITE 326 WINTER PARK FL 32789			2180 PARK AVE. N., SUITE 326 Winter Park FL 32789-2398						
						3. Date incorporated or Qualified 05/18/1988	3a. Date of Le 05/01/	st Report 1996	
2. Principal P	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For	
21		26	26			65-0050667		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	├- ¬			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	28		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip 29	Zip Cour 29 30			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				
				81	Name				
MALCOM, THOMAS D. 2180 PARK AVE. N., SUITE 326				82	Street A	eet Address (P.O. Box Number is Not Acceptable)			
	PARK FL 32789			83					
				64	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	Legent and little if applicable.	NOTE Registere	d Aoe	n sintangia Ini	equired when reinstaling)	DATE		
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DIREC	TORS IN 12	
TITLE	PD	☐ DELETE	1.1 T	ITLE		·	Char	nge 🔲 Addition	
NAME	ORTIZ, ALBERT		1.2 N	AME				i	
STREET ADDRESS	6030-106 SCOTCHWOOD	GLEN	1.3 \$	TREET	ADDRESS			13	
CITY-ST-ZIP	ORLANDO FL		1.4 C	ITY-S	T- ZIP			17	
TITLE	STD	DELETE	2.1 7	ITLE			☐ Char	nge 🔲 Addition 🤇	
NAME	FLAHERTY, MAUREEN		2.2 NAME]				
STREET ADDRESS	6030-103 SCOTCHWOOD	GLEN	238		ADDRESS				
CITY-ST-ZIP	ORLANDO FL		2.40	CITY - S	ST-ZIP				
TITLE	VPD	☐ DELETÉ	3.1 1	ITLE			Char	nge Addition	
NAME	BENDER, LAUREL		3.2 N	IAME				1	
STREET ADDRESS	6020-103 SCOTCHWOOD	GLEN	33 S	TREET	ADDRESS			ĺ	
CITY-ST-ZIP	ORLANDO FL		3.4. 0	CITY - S	ST - ZIP				
TITLE		☐ DELETE	4.1 T	ITLE			☐ Char	nge 🔲 Addition	
NAME			4.21	NAME					
STREET ADDRESS			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP			4.4 0	HTY-S	T-ZIP				
TITLE		☐ DELETE	5.11	11LE			Char	nge 🔲 Addition	
NAME			5.2 N	AME]				
STREET ADDRESS			5.3 S	TREE1	ADDRESS				
CITY-ST-ZIP			5.4 C	:I1Y - S	1-2IP				
TITLE		DELETE	6.1 T	ITLE			Char	ige 🔲 Addition	
NAME :			6.2 N	IAME					
STREET ADDRESS			6.3 \$	TREET	ADDRESS				
CITY-ST-ZIP			6.4 0	ITY-S	1-7IP				
44 14-1-									

I do hereby certify that the information supplied with this filling 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 trusted 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 or an attachment with an address.