

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2000 8:00 am**  
**Secretary of State**

05-24-2000 90118 001 \*\*\*300.00

16888

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** N11510 **INCORPORATED** 10/09/1985  
**1. Entity Name**  
**LAKEVIEW VILLAGE CONDOMINIUM**  
**ASSOCIATION OF OKALOOSA COUNTY, INC.**

**Principal Place of Business** **Mailing Address**  
**501 WEST LAKE COURT** **501 WEST LAKE COURT**  
**POST OFFICE BOX 5272 - BWS** **P.O. BOX 5272 - BWS**  
**MILVILL, FL 32578** **MILVILL, FL 32578**

**2. Principal Place of Business** **3. Mailing Address**  
**Suite, Apt. #, etc.** **Suite, Apt. #, etc.**

**City & State** **City & State**  
**Zip** **Country** **Zip** **Country**

**4. FEI Number** **59-2652620** **Applied For**  
**Not Applicable**  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**ABBOTT REALTY SERVICES, INC.**  
**35000 EMERALD COAST PARKWAY**  
**DESTIN, FL 32541**

**7. Name and Address of New Registered Agent**  
**Name**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**City** **FL** **Zip Code**

**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** **Signature, typed or printed name of registered agent and title if applicable.** **(NOTE: Registered Agent signature required when reinstating)** **DATE**

**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	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STP	LABEE, STANISLA R.	<input type="checkbox"/> Delete			
STREET ADDRESS	23 SUNSET BRIDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459		CITY-ST-ZIP		
PD	ECK, FRANCIS	<input type="checkbox"/> Delete			
STREET ADDRESS	2931 DELAUN DR.		STREET ADDRESS		
CITY-ST-ZIP	BEL AIR, MD 2121		CITY-ST-ZIP		
D	GALL, STEPHEN T.	<input type="checkbox"/> Delete			
STREET ADDRESS	210 SOUTH LAKE COURT		STREET ADDRESS		
CITY-ST-ZIP	MILVILL, FL 32578		CITY-ST-ZIP		
VPD	LABEE, CHARLES T.	<input type="checkbox"/> Delete			
STREET ADDRESS	23 SUNSET BRIDGE DR.		STREET ADDRESS		
CITY-ST-ZIP	SEAGROVE BEACH, FL 32459		CITY-ST-ZIP		
D	MARIG, CAROL	<input type="checkbox"/> Delete			
STREET ADDRESS	119 RAWTRGS BLVD.		STREET ADDRESS		
CITY-ST-ZIP	MILVILL, FL 32578		CITY-ST-ZIP		
AS	WAMAC, ROBERT J.	<input type="checkbox"/> Delete			
STREET ADDRESS	41 COUNTRY CLUB ROAD		STREET ADDRESS		
CITY-ST-ZIP	SHALIMAR, FL 32579		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:** *Robert J. Wamac* **ROBERT J. WAMAC ASST SECRETARY** **5-5-00 850-651-0012**

CR2E037 (9/99)