

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 714301 (9)

1. Corporation Name
LAKEVIEW, INC.



Principal Place of Business

Mailing Address

**675 EAST LAKE DRIVE
NAPLES FL 33940**

**675 EAST LAKE DRIVE
NAPLES FL 33940**

3. Date Incorporated or Qualified
03/25/1968

3a. Date of Last Report
01/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAYMAN, MARTINE
LAKEVIEW INC., APT. 6
675 E. LAKE DR.
NAPLES FL 33940**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☐ DELETE
NAME **PETERS, LORENE**
STREET ADDRESS **470 N. MAPLES ST.**
CITY-STATE-ZIP **MERCER PA**

1.1 TITLE **D.** ☐ Change ☒ Addition
1.2 NAME **A.B. CRASS**
1.3 STREET ADDRESS **2100 GATESBOROUGH CIRCLE**
1.4 CITY-STATE-ZIP **MURRAY, KY 42071**

TITLE **P** ☐ DELETE
NAME **THARINGER, EDWARD**
STREET ADDRESS **6300 W. WISCONSIN AVE.**
CITY-STATE-ZIP **WAUWATOSA WI**

2.1 TITLE **D.** ☐ Change ☒ Addition
2.2 NAME **AIMEE KEROACK**
2.3 STREET ADDRESS **53 PRAIRIE DR.**
2.4 CITY-STATE-ZIP **BEAconsFIELD, QUEBEC - CANADA H9M5K6**

TITLE **D** ☐ DELETE
NAME **PETERS, W. JOHN**
STREET ADDRESS **470 N. MAPLES ST.**
CITY-STATE-ZIP **MERCER PA**

3.1 TITLE **D.** ☐ Change ☒ Addition
3.2 NAME **COURT MCKEE**
3.3 STREET ADDRESS **698 E. LAKE DRIVE**
3.4 CITY-STATE-ZIP **NAPLES, FLA. 33940**

TITLE **V** ☐ DELETE
NAME **LAYMAN, MARTINE**
STREET ADDRESS **675 E. LAKE DR APT. 6**
CITY-STATE-ZIP **NAPLES FL**

4.1 TITLE **SEC.** ☐ Change ☒ Addition
4.2 NAME **PRISCILLA HUGHES**
4.3 STREET ADDRESS **621 MAIN ST.**
4.4 CITY-STATE-ZIP **HARWICH PORT, MA. 02646**

TITLE **D** ☐ DELETE
NAME **JOINER, JOSEPH S**
STREET ADDRESS **299 THE BROOKLANDS**
CITY-STATE-ZIP **AKRON OH**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE
NAME **THARINGER, JULIE**
STREET ADDRESS **6300 W WISCONSIN AVE**
CITY-STATE-ZIP **WAUWATOSA WI**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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: **LORENE PETERS**
Lorene Peters - Treas.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96
Date

941-261-7948
Daytime Phone #

CR2E037 (12/95)