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

FILED
97 MAR 11 AM 8:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 #7 NAPLES FL 34102-6742

3. Date Incorporated or Qualified: 03/25/1968
3a. Date of Last Report: 01/25/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-1802742 ☐ 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

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

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☒ DELETE	1.1 TITLE	T. ☒ Change ☐ Addition
NAME	PETERS, LORENE		1.2 NAME	ELIZABETH WEBB
STREET ADDRESS	470 N. MAPLES ST.		1.3 STREET ADDRESS	675 E. LAKE DR #7
CITY-ST-ZIP	MERCER PA		1.4 CITY-ST-ZIP	NAPLES, FL 34102
TITLE	P	☒ DELETE	2.1 TITLE	D. ☒ Change ☐ Addition
NAME	THARINGER, EDWARD		2.2 NAME	EDWARD THARINGER
STREET ADDRESS	6300 W. WISCONSIN AVE.		2.3 STREET ADDRESS	6300 W. WISCONSIN AVE.
CITY-ST-ZIP	WAUWATOSA WI		2.4 CITY-ST-ZIP	WAUWATOSA, WI. 53213
TITLE	D	☒ DELETE	3.1 TITLE	P. ☒ Change ☐ Addition
NAME	PETERS, W. JOHN		3.2 NAME	W. JOHN PETERS
STREET ADDRESS	470 N. MAPLES ST.		3.3 STREET ADDRESS	470 N. MAPLE ST.
CITY-ST-ZIP	MERCER PA		3.4 CITY-ST-ZIP	MERCER, PA. 16137
TITLE	V	☐ DELETE	4.1 TITLE	D. ☐ Change ☒ Addition
NAME	LAYMAN, MARTINE		4.2 NAME	COURT McKEE
STREET ADDRESS	675 E. LAKE DR APT. 6		4.3 STREET ADDRESS	698 E. LAKE DR.
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	NAPLES, FLA. 34102
TITLE	D	☐ DELETE	5.1 TITLE	D. ☐ Change ☒ Addition
NAME	JOINER, JOSEPH S		5.2 NAME	AIME KEROACK
STREET ADDRESS	299 THE BROOKLANDS		5.3 STREET ADDRESS	58 PRAIRIE DR.
CITY-ST-ZIP	AKRON OH		5.4 CITY-ST-ZIP	BEACONSFIELD, QUEBEC CANADA, H9W5K6
TITLE	D	☐ DELETE	6.1 TITLE	S. ☐ Change ☒ Addition
NAME	CRASS, A. B		6.2 NAME	PRISCILLA J. HUGHES
STREET ADDRESS	2100 GATESBOROUGH CIRCLE		6.3 STREET ADDRESS	621 MAIN ST.
CITY-ST-ZIP	MURRAY KY		6.4 CITY-ST-ZIP	HARWICHPORT, MA. 02646

CR2E037 (9/96)

14. I do 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 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.

SB BANK

SIGNATURE: Lorene Peters Lorene Peters 1/14/97 941-261-7948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR