

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90042 023 ****61.25

0063179

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 714301

1. Corporation Name

LAKEVIEW, INC.

Principal Place of Business

675 EAST LAKE DRIVE
#7
NAPLES FL 34102
US

Mailing Address

675 EAST LAKE DRIVE
#7
NAPLES FL 34102
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/25/1968

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1802742

Applied For
Not Applicable

City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 34102

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

T ☐ DELETE
NAME WEBB, ELIZABETH
STREET ADDRESS 675 E. LAKE DRIVE. #7
CITY-ST-ZIP NAPLES FL 34102

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME SALLY CRASS
1.3 STREET ADDRESS 2100 GATESBOROUGH CIRCLE
1.4 CITY-ST-ZIP MURRAY KY 42071

D ☐ DELETE
NAME THARINGER, EDWARD
STREET ADDRESS 6300 W. WISCONSIN AVE.
CITY-ST-ZIP WAUWATOSA WI 53213

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME AIME KEROACK
2.3 STREET ADDRESS 45 TERRACE BELLERIVE
2.4 CITY-ST-ZIP DORVAL, QUEBEC, CANADA H9S5X6

P ☐ DELETE
NAME PETERS, W. JOHN
STREET ADDRESS 470 N. MAPLE ST
CITY-ST-ZIP MERCER PA 16137

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME COURTNEY MCKEE
3.3 STREET ADDRESS 698 E. LAKE DRIVE
3.4 CITY-ST-ZIP NAPLES, FL 34102

V ☐ DELETE
NAME LAYMAN, MARTINE
STREET ADDRESS 675 E. LAKE DR APT. 6
CITY-ST-ZIP NAPLES FL 34102

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D ☐ DELETE
NAME JOINER, JOSEPH S
STREET ADDRESS 299 THE BROOKLANDS
CITY-ST-ZIP AKRON OH 44305

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

D ☐ DELETE
NAME CRASS, A. B
STREET ADDRESS 2100 GATESBOROUGH CIRCLE
CITY-ST-ZIP MURRAY KY 42071

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Elizabeth Webb RE: ELIZABETH WEBB

3/5/99

(941)267-7154

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)