

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AMOUNT 9, 1996.
AMOUNT DUE ON OR BEFORE 6/30: \$150 (IF OVERLAP), MINIMUM AMOUNT DUE TO REINSTATE: \$200**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # 723494 (1)

95 JUN 19 AM 11:41

1. Corporation Name
LAKEVIEW OF LARGO CONDOMINIUM ASSOCIATION, INC

Principal Place of Business Mailing Address
14130 ROSEMARY LANE CLUBHOUSE OFFICE LARGO FL 34644-2902

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/24/1972	3a. Date of Last Report 02/09/1994
4. FEI Number 59-1409330	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Zip	30. Country

9. Name and Address of Current Registered Agent
**NODGE, DOROTHY R., manager
14130 ROSEMARY LANE
CLUBHOUSE OFFICE
LARGO FL 34644-2902**

10. Name and Address of New Registered Agent	81. Name
	82. Street Address (P.O. Box Number is Not Acceptable)
	83.
	84. City
	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SIMS, PAMELA
STREET ADDRESS	14130 ROSEMARY LN #1106
CITY - ST - ZIP	LARGO FL
TITLE	D
NAME	MILLER, RALPH
STREET ADDRESS	14130 ROSEMARY LN #1108
CITY - ST - ZIP	LARGO FL
TITLE	S
NAME	STEEL, EMILIE
STREET ADDRESS	14130 ROSEMARY LN #4212
CITY - ST - ZIP	LARGO FL
TITLE	V
NAME	MURIEL, MILLARD
STREET ADDRESS	14130 ROSEMARY LN #5308
CITY - ST - ZIP	LARGO FL
TITLE	D
NAME	CAIN, GEORGE
STREET ADDRESS	14130 ROSEMARY LANE #1208
CITY - ST - ZIP	LARGO FL
TITLE	P
NAME	WASSON, HERBERT
STREET ADDRESS	14130 ROSEMARY LN #2209
CITY - ST - ZIP	LARGO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	SIMS, PAMELA
13. STREET ADDRESS	14130 ROSEMARY LANE #5110
14. CITY - ST - ZIP	LARGO, FL 34644
21. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	GARDNER, Mary vice pres.
23. STREET ADDRESS	14130 ROSEMARY LN #6309
24. CITY - ST - ZIP	LARGO, FL 34644
31. TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	WEIBLING, GENE LOUISE
33. STREET ADDRESS	14130 ROSEMARY LN. Apt. 6214
34. CITY - ST - ZIP	LARGO, FL 34644
41. TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	MILLARD, MURIEL
43. STREET ADDRESS	14130 ROSEMARY LN. Apt. 1108
44. CITY - ST - ZIP	LARGO, FL 34644
51. TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	CAIN, GEORGE
53. STREET ADDRESS	14130 ROSEMARY LN. Apt. 1208
54. CITY - ST - ZIP	LARGO, FL 34644
61. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	IANNELLO, JOSEPH
63. STREET ADDRESS	14130 ROSEMARY LN. Apt. 6106
64. CITY - ST - ZIP	LARGO, FL 34644

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 110.07(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: *Dorothy R. Nodge* Date: 6/5/95 813-595-7385
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/95)