

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 # 723494 (1)
1. Corporation Name
LAKEVIEW OF LARGO CONDOMINIUM ASSOCIATION, INC



800001863208
-06/17/96--01021--025
FEE
05/24/1972

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

3a. Date Incorporated or Qualified **05/24/1972** 3a. Date of Last Report **06/19/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.	59-1409330		Not Applicable
22	City & State	27	2nd Floor	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State			
23	Zip	28	St. Petersburg, FL	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Country		Country			
24	33716	29	33716	30	USA	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

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

10. Name and Address of New Registered Agent
81 Name **Brian K Smith**
82 Street Address (P.O. Box Number is Not Acceptable) **10033 9th St. N.**
83 **2nd Floor**
84 City **St. Petersburg, FL** 85 Zip Code **33716**

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]* DATE **5-30-96**
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	<input checked="" type="checkbox"/> DELETE
NAME	SIMS, PAMELA	
STREET ADDRESS	14130 ROSEMARY LANE #5110	
CITY-ST-ZIP	LARGO FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	GARDNER, MARY	
STREET ADDRESS	14130 ROSEMARY LN #6309	
CITY-ST-ZIP	LARGO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WEIRLING, GENE L	
STREET ADDRESS	14130 ROSEMARY LN. APT. 6214	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MILLARD, MURIEL	
STREET ADDRESS	14130 ROSEMARY LN. APT. 1108	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAIN, GEORGE	
STREET ADDRESS	14130 ROSEMARY LN. APT. 1208	
CITY-ST-ZIP	LARGO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	IANNELLO, JOSEPH	
STREET ADDRESS	14130 ROSEMARY LN. APT. 6106	
CITY-ST-ZIP	LARGO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Spires, William	
1.3 STREET ADDRESS	14130 Rosemary Lane #3301	
1.4 CITY-ST-ZIP	Largo FL	
2.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bennett, Frank	
3.3 STREET ADDRESS	14130 Rosemary LN APT 1301	
3.4 CITY-ST-ZIP	Largo FL	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Conway, Paul	
4.3 STREET ADDRESS	14130 Rosemary LN APT 4302	
4.4 CITY-ST-ZIP	Largo FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Higgins, Marilyn	
6.3 STREET ADDRESS	14130 Rosemary LN APT 4209	
6.4 CITY-ST-ZIP	Largo FL	

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: *Marilyn C. Higgins* DATE: **4/12/96** Daytime Phone #

CR2E037 (12/95)