

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 723494 (1)**  
 Corporation Name  
**LAKEVIEW OF LARGO CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>14130 ROSEMARY LANE CLUBHOUSE OFFICE LARGO FL 34644-2902</b>	Mailing Address <b>14130 ROSEMARY LN CLUBHOUSE OFFICE LARGO FL 33774 US</b>
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3. Date Incorporated or Qualified <b>05/24/1972</b>	
4. FEI Number <b>59-1409330</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24 33774-2902</b>	Country <b>25</b>
	Country <b>30</b>

9. Name and Address of Current Registered Agent  
**BROWN, JUDITH A  
2625 KEENE PARK DR  
LARGO FL 33771**

10. Name and Address of New Registered Agent

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 Judith A. Brown Judith A. Brown, Manager 4/13/98  
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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD SPIRES, WILLIAMS 14130 ROSEMARY LANE #3301 LARGO FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPDS HIGGINS, MARILYN 14130 ROSEMARY LN #4209 LARGO FL</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D STALIONS, NORMA 14130 ROSEMARY LN #4205 LARGO FL</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BENNETT, FRANK 14130 ROSEMARY LN. APT. 1301 LARGO FL</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CREED, PETER 14130 ROSEMARY LN #5311 LARGO FL</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD VAN AUKEN, JIM 14130 ROSEMARY LN #3111 LARGO FL</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

Director & Treasurer <b>Lionel E. Hamlett 14130 Rosemary Lane # 4215 Largo, Fl. 33774</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Roland Murphy-Director 14130 Rosemary Lane # 6218 Largo, Fl. 33774</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Marilyn Frazier-Director 14130 Rosemary Lane # 2107 Largo, Fl. 33774</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

SIGNATURE: Lionel E. Hamlett 4/13/98 813-595-7385

CR2E037 (10/97)