

**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 # **726776** (8)  
1. Corporation Name  
**LAKEVIEW GREENS CONDOMINIUM ASSOCIATION "A", INC**



Principal Place of Business: **3011-D LINTON BLVD DELRAY BEACH FL 33445**  
Mailing Address: **3011-D LINTON BLVD DELRAY BEACH FL 33445**

3. Date Incorporated or Qualified: **06/22/1973**  
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-1725638</b>	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
<b>FRIESS, RICHARD</b> <b>3011-D LINTON BLVD</b> <b>DELRAY BEACH FL 33445</b>				81	Name			<b>ETHEL KADWELL</b>
				82	Street Address (P.O. Box Number is Not Acceptable)			<b>1600 DOVER RD # 112 B</b>
				83	City			<b>DELRAY BEACH FL</b>
				84	Zip Code			<b>33445</b>

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: *Ethel Kadwell* **ETHEL KADWELL** DATE: **4/24/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIESS, RICHARD</b>	1.2 NAME	
STREET ADDRESS	<b>3011-D LINTON BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARMON, HAROLD</b>	2.2 NAME	
STREET ADDRESS	<b>3011 LINTON BLVD, APT. 116-D</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, ROBERT</b>	3.2 NAME	
STREET ADDRESS	<b>1600 DOVER ROAD, APT. 203-B</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHREIBER, DIANE</b>	4.2 NAME	<b>Sylvia Koch</b>
STREET ADDRESS	<b>3001 LINTON BLVD, APT. 111-C</b>	4.3 STREET ADDRESS	<b>3001 LINTON BLVD # 203</b>
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	4.4 CITY-ST-ZIP	<b>DELRAY BEACH FL 33445</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHIFFER, EDWARD</b>	5.2 NAME	
STREET ADDRESS	<b>1700 DOVER ROAD, APT. 204-A</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DELRAY BEACH FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Harold Harmon* **HAROLD HARMON** DATE: **4/24/96** PHONE: **495-0640**  
*Ethel Kadwell* **ETHEL KADWELL** DATE: **4/24/96**

CR2E037 (12/95)