

FILE NOW: FILING FEE IS \$61.25

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**Feb 27 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/22/1973	
4. FEI Number 59-1725638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**KADWELL, ETHEL
1600 DOVER RD
#112B
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

81 Name BERNARD J. KAWECKI	
82 Street Address (P.O. Box Number is Not Acceptable) 1600 DOVER RD., APT. 216-B	
83 DELRAY BEACH	
84 City FL	85 Zip Code 33445

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 **BERNARD J. KAWECKI, TREASURER** FEB. 19, 1998
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 D	<input type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVID, MARK		1.2 NAME HAROL HARMON, HAROLD	
STREET ADDRESS 1700 ROVER RD, 108		1.3 STREET ADDRESS 3011 LINTON BLVD, APT. 116-D	
CITY-ST-ZIP DELRAY BEACH FL		1.4 CITY-ST-ZIP DELRAY BEACH, FL. 33445	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HARMON, HAROLD		2.2 NAME CHIFFER, EDWARD	
STREET ADDRESS 3011 LINTON BLVD, APT. 116-D		2.3 STREET ADDRESS 1700 DOVER ROAD, APT. 204-A	
CITY-ST-ZIP DELRAY BEACH FL		2.4 CITY-ST-ZIP DELRAY BEACH, FL. 33445	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE TREASURER (T)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWN, ROBERT		3.2 NAME BERNARD J. KAWECKI	
STREET ADDRESS 1600 DOVER ROAD, APT. 203-B		3.3 STREET ADDRESS 1600 DOVER RD., APT. 216-B	
CITY-ST-ZIP DELRAY BEACH FL		3.4 CITY-ST-ZIP DELRAY BEACH, FL. 33445	
TITLE VPD	<input type="checkbox"/> DELETE	4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOLF, SYLVIA		4.2 NAME CIANO, PAT	
STREET ADDRESS 3001 LINTON BLVD., #203		4.3 STREET ADDRESS 3011 LINTON BLVD., APT. 209-D	
CITY-ST-ZIP DELRAY BEACH FL		4.4 CITY-ST-ZIP DELRAY BEACH, FL. 33445	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHIFFER, EDWARD		5.2 NAME WOLF, SYLVIA	
STREET ADDRESS 1700 DOVER ROAD, APT. 204-A		5.3 STREET ADDRESS 3001 LINTON BLVD., APT. 203-C	
CITY-ST-ZIP DELRAY BEACH FL		5.4 CITY-ST-ZIP DELRAY BEACH, FL. 33445	
TITLE T	<input type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KADWEL, ETHEL		6.2 NAME WOODRY, MARY	
STREET ADDRESS 1600 DOVER RD, 112 B		6.3 STREET ADDRESS 3001 LINTON BLVD, APT. 215-C	
CITY-ST-ZIP DELRAY BEACH FL		6.4 CITY-ST-ZIP DELRAY BEACH, FL. 33445	

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 **BERNARD J. KAWECKI, TREASURER**

CR2E037 (1097)