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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726776

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

06/22/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1725638

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAWECKI, BERNARD J
1800 DOVER RD
APT. 216-B
DELRAY BEACH FL 33445

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 PD
NAME HARMON, HAROLD
STREET ADDRESS 3011 LINTON BLVD, APT 116-D
CITY-ST-ZIP DELRAY BEACH FL 33445
 DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
 Change Addition

TITLE VPD
NAME CHIFFER, EDWARD
STREET ADDRESS 1700 DOVER BLVD, APT. 204-A
CITY-ST-ZIP DELRAY BEACH FL 33445
 DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1700 DOVER RD.
2.4 CITY-ST-ZIP
 Change Addition

TITLE J
NAME KAWECRI, BERNARD J
STREET ADDRESS 1600 DOVER RD, APT. 216-B
CITY-ST-ZIP DELRAY BEACH FL 33445
 DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS KAWECKI, BERNARD J.
3.4 CITY-ST-ZIP
 Change Addition

TITLE S
NAME CIANO, PAT
STREET ADDRESS 3011 LINTON BLVD, APT. 209-D
CITY-ST-ZIP DELRAY BEACH FL 33445
 DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS DIRECTOR
STEVE SMITH
1700 DOVER RD., APT. 205-A
4.4 CITY-ST-ZIP
 Change Addition

TITLE D
NAME WOLF, SYLVIA
STREET ADDRESS 3001 LINTON BLVD, APT. 203-C
CITY-ST-ZIP DELRAY BEACH FL 33445
 DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS SECRETARY
5.4 CITY-ST-ZIP
 Change Addition

TITLE D
NAME WOODRY, MARY
STREET ADDRESS 3001 LINTON BLVD, APT. 215-C
CITY-ST-ZIP DELRAY BEACH FL 33445
 DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
 Change Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE:

Bernard J. Kaweckri / BERNARD J. KAWECKI

Date

FEB. 10, 1999
(561)445-5502
Daytime Phone #

CR2E037 (11/98)