

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90106 041 ****61.25

DOCUMENT # 726776

1. Entity Name

LAKEVIEW GREENS CONDOMINIUM ASSOCIATION "A", INC

Principal Place of Business

Mailing Address

**3011-D LINTON BLVD
 DELRAY BEACH FL 33445**

**3011-D LINTON BLVD
 DELRAY BEACH FL 33445-6505**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1725638

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KAWECKI, BERNARD J
 1600 DOVER RD
 APT. 216-B
 DELRAY BEACH FL 33445**

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME **EDWARD CHIFFER**
 STREET ADDRESS **204 A 1700 DOVER RD.**
 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE Delete
 NAME **VPD CHIFFER, EDWARD**
 STREET ADDRESS **1700 DOVER ROAD, APT 204-A**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE Change Addition
 NAME **PHIL MOETER**
 STREET ADDRESS **212 D 3011 LINTON BLVD**
 CITY-ST-ZIP **DELRAY BEACH, FL. 33445**

TITLE Delete
 NAME **T KAWECKI, BERNARD J**
 STREET ADDRESS **1600 DOVER RD, APT. 216-B**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SMITH, STEVE**
 STREET ADDRESS **1700 DOVER ROAD, APT 205-A**
 CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE Change Addition
 NAME **MARTIN ROFF**
 STREET ADDRESS **108 D 3011 LINTON, BLVD**
 CITY-ST-ZIP **DELRAY BEACH, FL. 33445**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Bernard J Kawecky FEB. 25, 2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)