

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 MAY -1 AM 11:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **757284** (5)

T. Corporation Name

LAKE VIEW PROPERTY OWNERS ASSOCIATION, INC. INC.

Principal Place of Business

Mailing Address

C/O WATSKY, MORRIS J  
700 NW 107TH AVE SUITE 400  
MIAMI FL 33172

C/O WATSKY, MORRIS J  
700 NW 107TH AVE SUITE 400  
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/15/1981** 3a. Date of Last Report **05/01/1994**

4. FEI Number **59-2147851** Applied For  Not Applicable

2. Principal Place of Business  
21

2a. Mailing Address  
26

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

City & State  
23

City & State  
28

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

Zip  
24

Country  
29

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

Country  
25

Zip  
30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WATSKY, MORRIS J  
700 NW 107TH AVE #400  
MIAMI FL 33172

81 Name **Malcom Thomas D.**  
82 Street Address (P.O. Box Number is Not Acceptable) **2180 PARK AVE. North**  
83 **Suite # 326**  
84 City **Winter Park FL** 85 Zip Code **32789**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Thomas D. Malcom DATE 4/24/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **STD**  
NAME **BRACKIN, ANDREA**  
STREET ADDRESS **1110 DOUGLAS AVENUE**  
CITY - ST - ZIP **ALTAMONTE SPRINGS FL**

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

TITLE **PDGM**  
NAME **ANERS, TRACY A**  
STREET ADDRESS **1110 DOUGLAS AVE STE 300**  
CITY - ST - ZIP **ALTAMONTE SPRINGS FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **VD**  
NAME **UTTERBACK, RONALD W.**  
STREET ADDRESS **1110 DOUGLAS AVE., STE. 3000**  
CITY - ST - ZIP **ALTAMONTE SPRINGS FL**

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Andrea L. Brackin Andrea L. Brackin/13/95 407-682-7266  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #