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Apr 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 757284 (5)

1. Corporation Name  
LAKE VIEW PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address  
2180 PARK AVE. NORTH STE 326 WINTER PARK FL 32789  
2180 PARK AVE. NORTH STE 326 WINTER PARK FL 32789-2398

3. Date Incorporated or Qualified 07/15/1981  
3a. Date of Last Report 06/27/1996

2. Principal Place of Business 2a. Mailing Address  
21 26

4. FEI Number 59-2147851  
Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27

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

City & State City & State  
23 28

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

Zip Country Zip Country  
24 25 29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MALCOM, THOMAS D.  
2180 PARK AVE. NORTH  
SUITE 326  
WINTER PARK FL 32789

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 STD  DELETE  
NAME BRACKIN, ANDREA  
STREET ADDRESS 1110 DOUGLAS AVENUE  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714  
TITLE PD  DELETE  
NAME MANERS, TRACY A  
STREET ADDRESS 1110 DOUGLAS AVE STE 300  
CITY-ST-ZIP ALTAMONTE SPRINGS FL  
TITLE D  DELETE  
NAME FRIEDMAN, GEORGE  
STREET ADDRESS 1110 DOUGLAS AVE STE 300  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE P/D  Change  Addition  
1.2 NAME Brackin, Andrea  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE V/D  Change  Addition  
2.2 NAME Breznet, Suzanne  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE S/D  Change  Addition  
3.2 NAME Bourdeau, Penny  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 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.

SIGNATURE: *Andrea Brackin* 4/15/97 407-682-7266  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0012354

CR2E037 (9/96)