

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90030 011 ****61.25

DOCUMENT # 757284

1. Entity 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 32789-2358**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**444 W. New England Ave
 Suite B**

**444 W. New England Ave
 Suite B**

City & State
Winter Park, FL

City & State
Winter Park, FL

4. FEI Number
59-2147851

Applied For
 Not Applicable

Zip
32789

Country

Zip
32789

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
444 W. New England Ave., Suite B
 City **Winter Park** FL Zip Code **32789**

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

Thomas D. Malcom agent

4/20/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, GEORGE 1110 DOUGLAS AVENUE ALTAMONTE SPRINGS FL 32714	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAZNELL, SUZANNE 1110 DOUGLAS AVE STE 300 ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BOURDEAU, PENNY 1110 DOUGLAS AVE STE 300 ALTAMONTE SPRINGS FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption provided in Section 19.07(2)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that I have made the statements hereon as made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute the reports required by Chapter 217 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 employees.

SIGNATURE:

George D. Friedman, Esq.
 DIRECTOR OF CONSTRUCTION
 FOR LENNAR HOMES, INC
 2/29/00 407-682-7266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)