

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 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 # N04230 (1)
1. Corporation Name
LAKEVIEW INDUSTRIAL CONDOMINIUM ASSOCIATION, INC



| | |
|---|--|
| Principal Place of Business %PROFESSIONALLY YOURS INC 1342 SE 46TH LANE #3 CAPE CORAL FL 33904 US | Mailing Address %PROFESSIONALLY YOURS INC PO BOX 831 CAPE CORAL FL 33910-0831 US |
|---|--|

| | |
|--|--|
| 3. Date Incorporated or Qualified 07/17/1984 | 3a. Date of Last Report 04/19/1996 |
|--|--|

| | | | |
|---|--|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | 4. FEI Number 65-0136009 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RAY, MORTON
908 N.E. 24TH LANE, UNIT 6
CAPE CORAL FL 33909-9915**

| | | | | |
|---------|---|----|-----------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City | 85 Zip Code |
| | | | FL | |

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 | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | THOMAS, DEAN | 1.2 NAME | BUBAR, DENNIS |
| STREET ADDRESS | 8999 HIGH COTTON LANE | 1.3 STREET ADDRESS | 4600 CUMMINS COURT |
| CITY-ST-ZIP | FORT MYERS FL | 1.4 CITY-ST-ZIP | FORT MYERS, FL 33905 |
| TITLE | STD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TREBING, RALF | 2.2 NAME | |
| STREET ADDRESS | 4537 DEL PRADO BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RAY, MORTON | 3.2 NAME | JUSTICE, FRANK |
| STREET ADDRESS | 908 N.E. 24TH LN UNIT 6 | 3.3 STREET ADDRESS | 4306 SE 18TH AVENUE |
| CITY-ST-ZIP | CAPE CORAL FL | 3.4 CITY-ST-ZIP | CAPE CORAL, FL 33904 |
| TITLE | VPD <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MORROW, JEFFREY | 4.2 NAME | RICE, W. KENNETH |
| STREET ADDRESS | 908 NE 24TH LANE UNIT 4 | 4.3 STREET ADDRESS | PO BOX 687 "N/A" |
| CITY-ST-ZIP | CAPE CORAL FL | 4.4 CITY-ST-ZIP | CAPE CORAL, FL 33910 |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RAY, DOROTHY | 5.2 NAME | |
| STREET ADDRESS | 908 NE 24TH LANE #6 | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(i), 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

CR2E037 (9/96)