

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE Sandra J. McArthur Secretary of State DIVISION OF CORPORATIONS

FILED 98 SEP 10 AM 8:54 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N25468 (2)

LAKEVIEW VILLAGE CONDOMINIUM NO. 9 ASSOCIATION, INC.

WAB00000000

[REDACTED]

REINSTATEMENT 97-98

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 03/17/1988 3a. Date of Last Report 05/01/1996

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number 59-2890144	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 MALCOM, THOMAS D.
 2180 PARK AVENUE, NORTH
 SUITE 3269
 WINTER PARK 32789

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 300002637533-4
 84 City
 89/11/98 01080-001
 ****297.FL ****297.50

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 *Thomas D. Malcom* 8-3-98
 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. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
TITLE	VPD	1.1 TITLE	S/TP Alex Calder
NAME	WIRTH, MELISSA	1.2 NAME	6050-102 Scotchwood Glen
STREET ADDRESS	6010-102 SCOTCHWOOD GLEN	1.3 STREET ADDRESS	Orlando, FL 32822
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	VP/D VP
NAME	CERUONE, MENISAL	2.2 NAME	Bill Zeiss
STREET ADDRESS	6060-208 SCOTCHWOOD GLEN	2.3 STREET ADDRESS	6050-101 Scotchwood Glen
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando, FL 32822
TITLE	PD	3.1 TITLE	
NAME	HAMEL, SYLVIO	3.2 NAME	
STREET ADDRESS	6060-105 SCOTCHWOOD GLEN	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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.

CR2E037 (9/96)