

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N25468

1. Entity Name

LAKEVIEW VILLAGE CONDOMINIUM NO. 9 ASSOCIATION,

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90149 010 ****61.25

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 *444 W. New England Ave*

Suite, Apt., #, etc
Suite B

Suite, Apt., #, etc
Suite B

City & State
Winter Park, FL

City & State
Winter Park, FL

4. FEI Number
59-2890144

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 AVENUE, NORTH
 SUITE 3269
 WINTER PARK FL 32789

Name

Street Address (P.O. Box Numbers 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 _____ (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	STD	<input type="checkbox"/> Delete
NAME	CALDER, ALEXA	
STREET ADDRESS	6050-102 SCOTTWOOD GLEN	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZEISS, BILL	
STREET ADDRESS	6050-101 SCOTCHWOOD GLEN	
CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HAMEL, SYLVIO	
STREET ADDRESS	6060-105 SCOTCHWOOD GLEN	
CITY-ST-ZIP	ORLANDO FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)