FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **N31408** **(0)**

1. Corporation Name

LAKEVIEW TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
740 S.E. 1ST WAY #108 DEERFIELD BEACH FL 33441	740 S.E. 1ST WAY #108 DEERFIELD BEACH FL 33441

3. Date Incorporated or Qualified: **03/28/1989**
3a. Date of Last Report: **06/01/1995**

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

4. FEI Number: **22-3052682** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22: #114
Suite, Apt. #, etc. — 27: #114

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

City & State — 23
City & State — 28

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

Zip — 24; Country — 25
Zip — 29; Country — 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

MORIN, GREGOIRE D
740 SE 1ST WAY 114
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

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 Gregoire D. Morin 1-17-96
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	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	HOMSEY, JOHN J.		12 NAME		
STREET ADDRESS	740 S.E. 1ST WAY #102		13 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		14 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	HOUGHTON, CHRISTOPHER B		22 NAME		
STREET ADDRESS	740 SE 1ST WAY 103		23 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		24 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MORIN, GREGOIRE D		32 NAME		
STREET ADDRESS	740 SE 1ST WAY 114		33 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL		34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Gregoire D. Morin Gregoire D. Morin 1-17-96 954-698-6083
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #