FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE: 4

DOCUMENT # N39080

(9)

LAKE VIEW ACRES HOMEOWNERS ASSOCIATION, INC.

LAKE VIEW ACRES HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business		Mailing Address		4 (2011)4: \$20 (1):4 -2):1 00:01 (1):4	***
3360 WEST LAKESHORE DR. TALLAHASSEE FL 32312		3360 WEST LAKESHORE DR. TALLAHASSEE FL 32312		Date incorporated or Qualified	3a. Date of Last Report
				07/13/1990	02/15/1995
2. Principal Place	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21 20 32 QUEENSWOOD DA		26 2032 QUEEN	SWOOD VR	59-3054600	Not Applicable \$8.75 Additional
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	Fee Required
22		City & State		6. Election Campaign Financing	\$5.00 May Be
City & State	PHASSEE FL	28 TALLAHASSE	se FL	Trust Fund Contribution	Added to Fees
Zip	Country	Zig	Country	B. This corporation has liability for in	ntangible tax under s. 199.032, Yes K No
24 3230	3 25		0	Florida Statutes 10. Name and Address of New Re	
	g. Name and Address of Curren	it Hegistereo Agent	81 Name		
				NILLIAM J F. Address (P.O. Box Number is Not Acceptable	o)
FAULK, W.H., III 3360 WEST LAKESHORE DR. TALLAHASSEE FL 32312			82 Street Ac	Z QUEENSWOOD	DRIVE
			83		
IALLAHA	SOCE PL 32312		84 City-7		FL 85 Zip Code 3
			11	OLLAHA SSEE	asso of changing its registered office
	o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect		the above-named corp by the corporation's b	poration submits this statement for the purpoard of directors. I hereby accept the appo	ointment as registered agent. I am
SIGNATURE _	Signature, typed or printed name of registered agen	t and little if applicable. (NOTE: f	Registered Agent signature rec	uired when reinstating)	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	D	□ OELETE		V P	Change
NAME	FAULK, BEN L.			ALBRITTON, KEITH	
STREET ADDRESS	2018 QUEENSWOOD DR.		1.3 STREET ADDRESS	4216 McLeod Drive	0000
CITY - ST - ZIP	TALLAHASSEE FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE	Tallaharsee, Fl. 3	Change Addition
TITLE	D		I	D CUMBIE, BILL	A
NAME !	FAULK, WILLIAM J.		2.3 STREET ADDRESS	4143 McLeod Drive	
STREET ADDRESS	2032 QUEENSWOOD DR.		2. 4 CITY-ST-ZIP	Tallaharsee, Fl =3	2303
CITY-ST-ZIP TITLE	TALLAHASSEE FL D	X □DELETE	3.1 TITLE	D	Change X Addition
NAME	FAULK, INEZ L.	41	32 NAME	MOODY, KAREN 4128 McLeod Drive	•
STREET ADDRESS	3360 W. LAKESHORE DR.		3.3 STREET ADDRESS	4128 McLeod Drive Tallahassee, F1.	32303
City-ST-ZiP	TALLAHASSEE FL	Florers	3.4. CITY - ST - ZIP		Change X Addition
TITLE	S	DELETE	4.1 TITLE	D ROGERS, ALAN	v
NAME	STAFFORD, HELEN E		4.2 NAME 4.3 STREET ADDRESS	4167 McLeod Drive	
STREET ADDRESS	4160 MCLEOD DRIVE		4.4 CITY - ST - ZIP	Tallahassee, Fl. 3	32303
DITY-ST-ZIP	TALLAHASSEE FL	DELETE	51 TITLE		Change Addition
NAME	WELCH, WILLIAM P	_	5.2 NAME		
STREET ADDRESS	4176 MCLEOD DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL		5 4 CITY-ST-ZIP		Change Addition
TITLE		DELETE	61 TITLE		C drivingo C / National
NAME			6.2 NAME		
STREET ADDRESS	. [6.3 STREET ADDRESS		

SIGNATURE AND TYPED OR NEWTED NAME OF SIGNING OFFICER OR DIRECTOR

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 only in attachment with an address. 3/20/9 6 904-545-810Z