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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N39080** (9)
1. Corporation Name
LAKE VIEW ACRES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2032 QUEENSWOOD DR TALLAHASSEE FL 32303 US	Mailing Address 2032 QUEENSWOOD DR TALLAHASSEE FL 32303-7154 US
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3. Date Incorporated or Qualified 07/13/1990	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-3054600	Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FAULK, WILLIAM J
2032 QUEENSWOOD DR
TALLAHASSEE FL 32303**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
	500002164605--1	-05/02/97--01148--005	*****61.25 *****61.25
		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP ☒ DELETE	1.1 TITLE	P ☐ Change ☒ Addition
NAME	ALBRITTON, KEITH	1.2 NAME	Faulk, William J.
STREET ADDRESS	4216 MCLEOD DR	1.3 STREET ADDRESS	2032 Queenswood Dr
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	D ☒ DELETE	2.1 TITLE	VP ☐ Change ☒ Addition
NAME	FAULK, WILLIAM J.	2.2 NAME	Brewer, Scott
STREET ADDRESS	2032 QUEENSWOOD DR.	2.3 STREET ADDRESS	4127 McLeod Drive
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	D ☒ DELETE	3.1 TITLE	F ☐ Change ☒ Addition
NAME	MOODY, KAREN	3.2 NAME	Floyd, Mike
STREET ADDRESS	4128 MCLEOD DR	3.3 STREET ADDRESS	4167 McLeod Dr
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	S ☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	STAFFORD, HELEN E	4.2 NAME	Collingsworth, Keith
STREET ADDRESS	4160 MCLEOD DRIVE	4.3 STREET ADDRESS	4123 Neil Ct
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	T ☒ DELETE	5.1 TITLE	D ☐ Change ☒ Addition
NAME	WELCH, WILLIAM P	5.2 NAME	Alexander, Gregg
STREET ADDRESS	4176 MCLEOD DRIVE	5.3 STREET ADDRESS	4147 Neil Ct
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	☐ DELETE	6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	Armistead, Paul
STREET ADDRESS		6.3 STREET ADDRESS	4200 McLeod Dr
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Tallahassee, FL 32303

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: W. J. Faulk J. Faulk 4/29/97 904-562-3039
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0007587

CR2E037 (9/96)