FILE NOW: FILING FEE IS $61.25

FILED
Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N39080 (9)

1. Corporation Name
LAKE VIEW ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2032 QUEENSWOOD DR TALLAHASSEE FL 32303 US	2032 QUEENSWOOD DR TALLAHASSEE FL 32303 US

3. Date Incorporated or Qualified: 07/13/1990

4. FEI Number: 59-3054600 ☐ Applied For ☐ Not Applicable

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FAULK, WILLIAM J
2032 QUEENSWOOD DR
TALLAHASSEE FL 32303

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	Treasurer	☐ Change ☑ Addition
NAME	FAULK, WILLIAM J		1.2 NAME	Shannon McWilliams	
STREET ADDRESS	2032 QUEENSWOOD DR.		1.3 STREET ADDRESS	4138 Neil Court	
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP	Tallahassee, FL 32303	
TITLE	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BREWER, SCOTT		2.2 NAME		
STREET ADDRESS	4127 MCLEOD DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FLOYD, MIKE		3.2 NAME		
STREET ADDRESS	4167 MCLEOD DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COLLINGSWORTH, KEITH		4.2 NAME		
STREET ADDRESS	4123 NEIL CT		4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ALEXANDER, GREGG		5.2 NAME		
STREET ADDRESS	4147 NEIL CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ARMISTEAD, PAUL		6.2 NAME		
STREET ADDRESS	4200 MCLEOD DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. 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 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: S McWilliams