SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 28, 1999 8:00 am
Secretary of State
07-28-1999 90009 022 ****61.25

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DOCUMENT # N39080

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 4127 McLeod Dr.	26 4127 McLeod Dr.	07/13/1990
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-3054600 ☐ Applied For ☐ Not Applicable
23 City & State: Tallahassee FL	28 City & State: Tallahassee FL	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
24 Zip: 32303 25 Country: USA	29 Zip: 32303 30 Country: USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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: Brewer, Scott
82 Street Address (P.O. Box Number is Not Acceptable)
83: 4127 McLeod Drive
84 City: Tallahassee FL 85 Zip Code: 32303

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: Scott Brewer (president) Scott Brewer DATE: 7-17-99
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	P	☑ Change ☐ Addition
NAME	FAULK, WILLIAM J		1.2 NAME	Scott Brewer	
STREET ADDRESS	2032 QUEENSWOOD DR.		1.3 STREET ADDRESS	4127 McLead Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32303		1.4 CITY-ST-ZIP	Tallahassee FL 32303	
TITLE	VP	☑ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	BREWER, SCOTT		2.2 NAME	Rick Nelson	
STREET ADDRESS	4127 MCLEOD DR.		2.3 STREET ADDRESS	4097 McLeod Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32303		2.4 CITY-ST-ZIP	Tallahassee FL 32303	
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	D.	☑ Change ☐ Addition
NAME	COLLINGSWORTH, KEITH		4.2 NAME	Kim McWilliams	
STREET ADDRESS	4123 NEIL CT		4.3 STREET ADDRESS	4138 Neil Court	
CITY-ST-ZIP	TALLAHASSEE FL 32303		4.4 CITY-ST-ZIP	Tallahassee FL 32303	
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	D.	☑ Change ☐ Addition
NAME	ARMISTEAD, PAUL		6.2 NAME	William Faulk	
STREET ADDRESS	4200 MCLEOD DR		6.3 STREET ADDRESS	2032 Queenswood Dr.	
CITY-ST-ZIP	TALLAHASSEE FL 32303		6.4 CITY-ST-ZIP	Tallahassee FL 32303	

CR2E037 (5/99)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Rick Nelson (V.P) 7/19/99 (850) 562-6845
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #