

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

DOCUMENT # N39080

1. Corporation Name

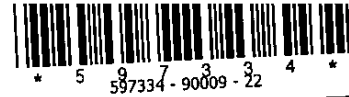
LAKE VIEW ACRES HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2032 QUEENSWOOD DR
TALLAHASSEE FL 32303
US

Mailing Address

2032 QUEENSWOOD DR
TALLAHASSEE FL 32303
US



2. Principal Place of Business

21 **4127 McLeod Dr.**

Suite, Apt. #, etc.

City & State

23 **Tallahassee FL**

Zip

24 **32303**

Country

25 **USA**

2a. Mailing Address

26 **4127 McLeod Dr.**

Suite, Apt. #, etc.

City & State

28 **Tallahassee FL**

Zip

29 **32303**

Country

30 **USA**

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 ☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

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

85 Zip Code

Brewer, Scott

4127 McLeod Drive

Tallahassee FL

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)**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-17-99

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME **FAULK, WILLIAM J**
STREET ADDRESS **2032 QUEENSWOOD DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☒ DELETE

NAME **BREWER, SCOTT**
STREET ADDRESS **4127 MCLEOD DR.**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE

NAME **FLOYD, MIKE**
STREET ADDRESS **4167 MCLEOD DR**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☒ DELETE

NAME **COLLINGSWORTH, KEITH**
STREET ADDRESS **4123 NEIL CT**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☐ DELETE

NAME **ALEXANDER, GREGG**
STREET ADDRESS **4147 NEIL CT**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITLE ☒ DELETE

NAME **ARMISTEAD, PAUL**
STREET ADDRESS **4200 MCLEOD DR**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **Scott Brewer**
1.3 STREET ADDRESS **4127 McLeod Dr.**
1.4 CITY-ST-ZIP **Tallahassee FL 32303**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **Rick Nelson**
2.3 STREET ADDRESS **4097 McLeod Dr.**
2.4 CITY-ST-ZIP **Tallahassee FL 32303**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME **D. Kim McWilliams**
3.3 STREET ADDRESS **4138 Neil Court**
3.4 CITY-ST-ZIP **Tallahassee FL 32303**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **William Faulk**
4.3 STREET ADDRESS **2032 Queenswood Dr.**
4.4 CITY-ST-ZIP **Tallahassee FL 32303**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME **William Faulk**
5.3 STREET ADDRESS **2032 Queenswood Dr.**
5.4 CITY-ST-ZIP **Tallahassee FL 32303**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **William Faulk**
6.3 STREET ADDRESS **2032 Queenswood Dr.**
6.4 CITY-ST-ZIP **Tallahassee FL 32303**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rick Nelson (V.P.)

7/19/99

(850) 562-6845

0000542

CR2E037 (5/99)