FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 27 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47228 (4)

1. Corporation Name

LAKEVIEW NEIGHBORS FOR OPEN SPACE, INC.

Principal Place of Business	Mailing Address
~~3674 LAKEVIEW BLVD.~~ DELRAY BEACH FL 33445	~~3674 LAKEVIEW BLVD.~~ DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/07/1992
3a. Date of Last Report: 02/24/1994
4. FEI Number: 65-0325261 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 3250 LAKEVIEW BLVD	Suite, Apt. #, etc. 27 3250 LAKEVIEW BLVD
City & State 23 DELRAY BEACH, FL	City & State 28 DELRAY BEACH, FL
Zip / Country 24 33445 / 25	Zip / Country 29 33445 / 30

9. Name and Address of Current Registered Agent

FILINGS, INC.
3732 NW 16TH ST
FT LAUDERDALE FL 33311

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 607.0502 and 607.1508, 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 607.0505, 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	D	11 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	FINKELSTEIN, ARCHIE	12 NAME	EUGENE REILLY	
STREET ADDRESS	3384 LAKEVIEW BLVD.	13 STREET ADDRESS	4207 PALM FOREST DR W	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	~~D~~	21 TITLE	~~D~~ DIRECTOR	☒ Change ☐ Addition
NAME	~~FOX, RICHARD~~	22 NAME	ROBERT FINE	
STREET ADDRESS	~~3401 LAKEVIEW DR~~	23 STREET ADDRESS	3250 LAKEVIEW BLVD	
CITY-ST-ZIP	~~DELRAY BEACH FL~~	24 CITY-ST-ZIP	DELRAY BEACH, FL	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	LINK, BRIAN	32 NAME		
STREET ADDRESS	3674 LAKEVIEW BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL	34 CITY-ST-ZIP		
TITLE	ROBERT FINE	41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS	3250 LAKEVIEW BLVD	43 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH, FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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 on an attachment with an address.

SIGNATURE: BRIAN M. LINK — 4/22/95 — 407-496-7743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000436