## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000075676 (1)

LAKEVUE DEVELOPMENT OF ORMOND BEACH, INC.

Principal Place of Business

Mailing Address

## **FILED** May 06 1998 8:00am Secretary of State



32 MANDE ORMOND (	rley Ln. Beach fl. 32174	P.O. BOX 730565 ORMOND BEACH FL	32173 <b>-0</b> 585	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				09/02/1997	
	Place of Business	2a, Mailing Address		4, FEI Number Applied	or
21		26		59-3476087 Not Appl	
Suite, Ap	Dt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additio	
22 City & SI	rate	City & State		Fee Required	
23		<u></u>		6. Election Campaign Financing \$5.00 May 8  Trust Fund Contribution Added to Fee:	
Zip	Country	<b>28</b> Zip	Country		
24	25	29	30	<ol> <li>This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</li> <li>Yes No</li> </ol>	9
	g. Name and Address of Curre		100	10. Name and Address of New Registered Agent	-
G	BUNTHARP, PAUL M JR.		81 Name		
	OLD KINGS RD., N., STE. B		82 Street A	dytrace (P.O. Pay Number is Not Assentable)	
PALM COAST FL 32137			or other A	ddress (P.O. Box Number is Not Acceptable)	
			83		
			84 City	lee 25 Aug.	
				FL 85 Zip Code	
OTTICE O	nt to the provisions of Sections 607.050 r registered agent, or both, in the State am familiar with, and accept the oblig	eof Florida. Such change wa	as authorized by the corpo	orporation submits this statement for the purpose of changing its regist oration's board of directors. I hereby accept the appointment as registe	lered red
SIGNATURE	· · · · · · · · · · · · · · · · · · ·			_	ł
01011011011	Signature, typod or ponted name of registered age		NOTE Registered Agent signature re	equired when reInstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
TATLE	D D	☐ DELETE	1.1 TITLE	Change A	ddition
NAME	VANACORE, SCOTT		1.2 NAME		
STREET ADDRES			1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32174	T proste	1.4 CITY+ST-ZIP		
TITLE	D VANACODE TODO	☐ DELETE	2.1 TITLE	Change A	ddition
NAME	VANACORE, TODD s 32 MANDERLEY LN.		2.2 NAME		
STREET ADORES	ORMOND BEACH FL 32174		2.3 STREET ADDRESS		
CITY-ST-ZIP	D D DEACH FL 32174	Prietr	2. 4 CITY-S1-ZIP		
TIFLE	HINTON, JOHN JR.	☐ DELETE	3 1 TITLE	☐ Change ☐ A	ddition
NAME CORET ADDRESS	ARAA O OPENINOLA A DD		3 2 NAME		
STREET ADDRESS	PONCE INLET FL		3.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE	TONOE WILLIE	DELETE	3.4. CITY - ST - ZIP	T Change T	dition
NAME		D Derette	4.1 YITLE	☐ Change ☐ A	ddition
					1
CTREET ARROSCO			4. 2 NAME		
STREET ADDRESS	3		4.3 STREET ADDRESS		
CITY-ST-ZIP	3	F 1 DELETE	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ Channe	dition
CITY-ST-ZIP TITLE	3	DELETE	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE	☐ Change ☐ A	ddition
CITY-ST-ZIP TITLE NAME		DELETE	4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME	☐ Change ☐ A	ddition
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CITY-ST-ZIP TITLE NAME			4.3 STREET ADDRESS 4.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP		
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4.3 STREET ADDRESS 4.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE		ddition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY - ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP		

14. Thereby 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.