


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

✓ NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 722200 (3)
 1. Corporation Name
LAKE FAIRVIEW CONDOMINIUM, INC.



Principal Place of Business 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US	Mailing Address 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US
---	---

2. Principal Place of Business 21 4328 EDGEWATER DR Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 547965 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 12/06/1971	3a. Date of Last Report 05/01/1995
22 City & State 23 ORLANDO, FL	27 City & State 28 ORLANDO, FL	4. FEI Number 59-1476662	Applied For <input type="checkbox"/> Not Applicable
24 Zip 32804	25 Country USA	29 Zip 32854-7965	30 Country USA

9. Name and Address of Current Registered Agent HART, JAMES W. JR. SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779	10. Name and Address of New Registered Agent 81 Name JOSEPH FERLAZZO 82 Street Address (P.O. Box Number is Not Acceptable) 4328 EDGEWATER DR D-107 83 84 City ORLANDO FL 85 Zip Code 32804
--	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1501, 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: *Joseph Ferlazzo* **JOSEPH FERLAZZO 7-6-96**
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BARROW, DELTHA 4328 EDGEWATER DR. ORLANDO FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WRIGHT, GENEVA 4328 EDGEWATER DR. ORLANDO FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PARKER, CAROLE 4328 EDGEWATER DR. ORLANDO FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MARTINAUSKY, CHARLOTTE 4328 EDGEWATER DR. ORLANDO FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD FERLAZZO, JOSEPH 4328 EDGEWATER DR ORLANDO, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	D KELLY, JOEY 4328 EDGEWATER DR ORLANDO, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	D LISKA, GEORGE 4328 EDGEWATER DR ORLANDO, FL 32804	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Joseph Ferlazzo* **JOSEPH FERLAZZO 7-6-96 407-365-5661**
Signature AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)