


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.)

<b>NONPROFIT CORPORATION ANNUAL REPORT 1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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<b>DOCUMENT # 722200 (3)</b>
1. Corporation Name <b>LAKE FAIRVIEW CONDOMINIUM, INC.</b>



Principal Place of Business <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US</b>	Mailing Address <b>2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US</b>
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2. Principal Place of Business <b>21 4328 EDGEWATER DR</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 ORLANDO, FL</b> Zip <b>24 32804</b>	2a. Mailing Address <b>26 P.O. BOX 547965</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 ORLANDO, FL</b> Zip <b>29 32854-7965</b>	Country <b>25 USA</b>	Country <b>30 USA</b>
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3. Date Incorporated or Qualified <b>12/06/1971</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-1476662</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1504, 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	<b>TD BARROW, DELTHA 4328 EDGEWATER DR. ORLANDO FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD WRIGHT, GENEVA 4328 EDGEWATER DR. ORLANDO FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SD PARKER, CAROLE 4328 EDGEWATER DR. ORLANDO FL</b> <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VD MARTINAUSKY, CHARLOTTE 4328 EDGEWATER DR. ORLANDO FL</b> <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	<b>PD FERLAZZO, JOSEPH 4328 EDGEWATER DR ORLANDO, FL 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>D KELLY, JOEY 4328 EDGEWATER DR ORLANDO, FL 32804</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>D LISKA, GEORGE 4328 EDGEWATER DR ORLANDO, FL 32804</b> <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 typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)