

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1997 8:00am  
Secretary of State

|                                                       |                                                                                   |                                                                                                           |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Northam</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|

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



|                                                                                     |                                                                           |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| Principal Place of Business<br><b>4328 EDGEWATER DR<br/>ORLANDO FL 32804<br/>US</b> | Mailing Address<br><b>P O BOX 547865<br/>ORLANDO FL 32854-7865<br/>US</b> |
|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------|

|                                                                                                                                                             |                                                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified<br><b>12/06/1971</b>                                                                                                      | 3a. Date of Last Report<br><b>07/10/1996</b>           |
| 4. FEI Number<br><b>59-1476662</b>                                                                                                                          | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>                                                                                                | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>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 |                                                        |

|                                             |                                  |
|---------------------------------------------|----------------------------------|
| 2. Principal Place of Business<br><b>21</b> | 2a. Mailing Address<br><b>26</b> |
| Suite, Apt. #, etc.<br><b>22</b>            | Suite, Apt. #, etc.<br><b>27</b> |
| City & State<br><b>23</b>                   | City & State<br><b>28</b>        |
| Zip<br><b>24</b>                            | Country<br><b>25</b>             |
| Zip<br><b>29</b>                            | Country<br><b>30</b>             |

**9. Name and Address of Current Registered Agent**

**FERLAZZO, JOSEPH  
4328 EDGEWATER DR D107  
ORLANDO FL 32804**

**10. Name and Address of New Registered Agent**

**81 Name SHIRLEY WILKERSON**  
**82 Street Address (P.O. Box Number is Not Acceptable) 4328 EDGEWATER DR**  
**83**  
**84 City ORLANDO FL 85 Zip Code 32804**

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 **SHIRLEY WILKERSON, PRESIDENT** *Shirley M. Wilkerson* **5-10-97**  
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          | <b>PD</b> <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>FERLAZZO, JOSEPH</b>                              |
| STREET ADDRESS | <b>4328 EDGEWATER DR</b>                             |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                                    |
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> DELETE  |
| NAME           | <b>KELLY, JOEY</b>                                   |
| STREET ADDRESS | <b>4328 EDGEWATER DR</b>                             |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                                    |
| TITLE          | <b>D</b> <input checked="" type="checkbox"/> DELETE  |
| NAME           | <b>LISKA, GEORGE</b>                                 |
| STREET ADDRESS | <b>4328 EDGEWATER DR</b>                             |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>                                    |
| TITLE          | <input type="checkbox"/> DELETE                      |
| NAME           |                                                      |
| STREET ADDRESS |                                                      |
| CITY-ST-ZIP    |                                                      |
| TITLE          | <input type="checkbox"/> DELETE                      |
| NAME           |                                                      |
| STREET ADDRESS |                                                      |
| CITY-ST-ZIP    |                                                      |
| TITLE          | <input type="checkbox"/> DELETE                      |
| NAME           |                                                      |
| STREET ADDRESS |                                                      |
| CITY-ST-ZIP    |                                                      |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                    |                                                                                        |
|--------------------|----------------------------------------------------------------------------------------|
| 1.1 TITLE          | <b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>SHIRLEY WILKERSON</b>                                                               |
| 1.3 STREET ADDRESS | <b>4328 EDGEWATER DR</b>                                                               |
| 1.4 CITY-ST-ZIP    | <b>ORLANDO, FL 32804</b>                                                               |
| 2.1 TITLE          | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 2.2 NAME           | <b>GENEVA WRIGHT</b>                                                                   |
| 2.3 STREET ADDRESS | <b>4328 EDGEWATER DR</b>                                                               |
| 2.4 CITY-ST-ZIP    | <b>ORLANDO, FL 32804</b>                                                               |
| 3.1 TITLE          | <b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 3.2 NAME           | <b>MICHAEL WILSON</b>                                                                  |
| 3.3 STREET ADDRESS | <b>4328 EDGEWATER DR</b>                                                               |
| 3.4 CITY-ST-ZIP    | <b>ORLANDO, FL 32804</b>                                                               |
| 4.1 TITLE          | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| 4.2 NAME           | <b>JAMILE CLEMENS</b>                                                                  |
| 4.3 STREET ADDRESS | <b>4328 EDGEWATER DR</b>                                                               |
| 4.4 CITY-ST-ZIP    | <b>ORLANDO, FL 32804</b>                                                               |
| 5.1 TITLE          | <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| 5.2 NAME           | <b>CAROLE PARKER</b>                                                                   |
| 5.3 STREET ADDRESS | <b>4328 EDGEWATER DR</b>                                                               |
| 5.4 CITY-ST-ZIP    | <b>ORLANDO, FL 32804</b>                                                               |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                      |
| 6.2 NAME           |                                                                                        |
| 6.3 STREET ADDRESS |                                                                                        |
| 6.4 CITY-ST-ZIP    |                                                                                        |

14. I do 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.

SIGNATURE *Shirley M. Wilkerson* **SHIRLEY WILKERSON, PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **0017971**

CR2E037 (9/96)