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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 722200 (3)

1. Corporation Name
LAKE FAIRVIEW CONDOMNIUM, INC.



Principal Place of Business		Mailing Address	
2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US		2180 WEST SR 434 SUITE 5000 LONGWOOD FL 32779-5044 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number
21	26	12/06/1971	59-1476662
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	7. Is this nonprofit corporation a homeowners association?	
Zip	Country	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
	29	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779-5044

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WILKERSON, SHIRLEY 4328 EDGEWATER DR ORLANDO FL	1.1 TITLE	PD LETT, SHARON 4328 EDGEWATER DR #101 ORLANDO FL 32804
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WRIGHT, GENEVA 4328 EDGEWATER DR ORLANDO FL	2.1 TITLE	VD MARTINAUSKY, CHARLOTTE 4328 EDGEWATER DR #203 ORLANDO FL 32804
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D WILSON, MICHAEL 4328 EDGEWATER DR ORLANDO FL	3.1 TITLE	STD MCGINNIS, GERALDINE 13331 LAGO VISTA DR WINTER GARDEN FL 34787
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D CLEMENS, JAMILE 4328 EDGEWATER DR ORLANDO FL	4.1 TITLE	D WRIGHT, GENEVA 4328 EDGEWATER DR #A103 ORLANDO FL 32804
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PARKER, CAROLE 4328 EDGEWATER DR ORLANDO FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *Sharon Lett* SHARON L. LETT 4-15-98

CR2E037 (10/97)