2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 11, 2005 8:00 am Secretary of State

DOCUMENT # 722200 1. Entity Name LAKE FAIRVIEW CONDOMINIUM, INC.					04-11-2005 90140 026 ****61.25			
Principal Place of Business % 4328 EDGEWATER DR., SUITE 101 ORLANDO, FL 32804 US Mailing Address 4004 EDGEWATER DRIVE ORLANDO, FL 32804 ORLANDO, FL 32804			E					
Principal Place of Business 3. N		3. Mailing Address). Mailing Address					
Suite, Apt. #, etc.		Suite, Apt, #, etc.		040	062005 Chg-NP	CR2E03	37 (10/03)	
City & State		City & State		. 4. F	El Number 59-1476662			oplied For
Zip	Country	Zip	Country		Certificate of Status Desire		\$8.75 Add	ditional
	Name and Address of Current	Registered Agent		7. N	ame and Address of Ne	w Registered	Agent	
- DIVEDA -	AA DV		Name		-	-		
RIVERA, MARY ASSET REAL ESTATE INC. 4004 EDGEWATER DRIVE			Street Add	et Address (P.O. Box Number is Not Acceptable)				
), FL 32804							
			City			FL	Zip Cod	е
	named entity submits this statement for	or the purpose of changing its re	egistered office or re	egistered age	ent, or both, in the State o	of Florida. I am	familiar with,	and accept
the obligat	ions of registered agent.							
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SIGNATURE								
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE:	Registered Agent signature	required when re	instating)	DATE		
SIGNATURE .	,			required when re	instating)	• • •		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Co	paign Financing	\$5.0 Adde	00 May Be d to Fees	Make check	tment of Si	tate
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CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 his report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. (401) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Daytima Phone #