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Apr 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 747364
 1. Corporation Name
LAKEVIEW GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 8325 SW 56TH ST MIAMI FL 33155-5424	Mailing Address 8325 SW 56TH ST MIAMI FL 33155-5424
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/24/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2589579
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PRINZ, EUGENE A. 8325 SW 56 STREET MIAMI FL 33155		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
		85 Zip Code	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUHN, LUCILLE	1.2 NAME	KUHN, LUCILLE (deceased)
STREET ADDRESS	5425 SW 77TH CT., #D-108	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TELLER, SHIRLEY	2.2 NAME	TELLER, SHIRLEY
STREET ADDRESS	5301 SW 77TH CT #G-104	2.3 STREET ADDRESS	5301 SW 77TH CT., #G-104
CITY-ST-ZIP	MIAMI FL 33155	2.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V/S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDLEY, KENNETH	3.2 NAME	WELLER, EDWARD
STREET ADDRESS	5575 SW 77TH CT., #B-205	3.3 STREET ADDRESS	5396 SW 80TH STREET
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	MIAMI, FL 33143
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLER, EDWARD	4.2 NAME	HENDLEY, KENNETH
STREET ADDRESS	5396 SW 80 ST	4.3 STREET ADDRESS	5575 SW 77TH CT., #B-205
CITY-ST-ZIP	MIAMI FL 33143	4.4 CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLER, CLARA	5.2 NAME	SOLER, CLARA
STREET ADDRESS	5501 SW 77 CT #C-102	5.3 STREET ADDRESS	5501 SW 77TH CT., #C-102
CITY-ST-ZIP	MIAMI FL 33155	5.4 CITY-ST-ZIP	MIAMI, FL 33155
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Eugene Prinz SIGNATURE REQUIRED Shirley Teller 4-16-99 305-279-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)