


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 747364 1. Entity Name LAKEVIEW GARDENS CONDOMINIUM ASSOCIATION, INC.	
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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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01312006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2589579	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRINZ, EUGENE A.
8325 SW 56 STREET
MIAMI, FL 33155

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WELLER, EDWARD 5396 SW 80 ST. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ST. MAURICE, JOHN 5425 SW 77 CT. #D-212 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NIETO, SILVINIO 7711 SW 56ST A-112 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, MARIA 5401 SW 77 CT #104-E MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAMBLE, JAY 600 BILTMORE WAY #1019 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000520938
05/02/06-80116-016 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 this 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.

SIGNATURE: MARIA ROSEN **MARIA ROSEN-DIRECTOR** 4-17-06 305-379-0909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #