

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758017

FILED
Mar 16, 2005
Secretary of State

Entity Name: LAKE VIEW CONDOMINIUM NO. 3 ASSOCIATION, INC.

Current Principal Place of Business:

2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 59-2147840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W. JR.
2180 W. STATE ROAD 434, SUITE 5000
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PLANT, WANDA
Address: 2671 OAK PARK WAY
City-St-Zip: ORLANDO, FL 32822

Title: VPD () Delete
Name: SANTANA, MARY
Address: 2651 OAK PARK WAY
City-St-Zip: ORLANDO, FL 32822

Title: SD () Delete
Name: MEYER, BARBARA
Address: 2721 OAK PARK WAY
City-St-Zip: ORLANDO, FL 32822

Title: TD () Delete
Name: REBHANN, JILL
Address: 2687 OAK PARK WAY
City-St-Zip: ORLANDO, FL 32822

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WANDA PLANT

PD

03/16/2005

Electronic Signature of Signing Officer or Director

_____ Date