

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90220 009 \*\*\*\*61.25

14010259



<b>DOCUMENT # N38774</b> 1. Entity Name <b>LAKEVIEW HOMES CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>748 S. TAMERAM DR OSPNEY, FL 34229</b>		Mailing Address <b>P.O. BOX 914 OSPNEY, FL 34229</b>	
2. Principal Place of Business <i>Progressive Community Mgmt, Inc</i> Suite, Apt. #, etc. <b>1801 Glengary Street</b> City & State <b>Sarasota, FL</b> Zip <b>34231</b> Country <b>USA</b>		3. Mailing Address <i>Progressive Community Mgmt, Inc</i> Suite, Apt. #, etc. <b>1801 Glengary Street</b> City & State <b>Sarasota, FL</b> Zip <b>34231</b> Country <b>USA</b>	
4. FEI Number <b>65-0212539</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MANAESTA MANAGMENT SERVICES, INC 748 SO. TAMIAMI TRL OSPNEY, FL 34229</b>		7. Name and Address of New Registered Agent Name <i>Progressive Community Management, Inc</i> Street Address (P.O. Box Number is Not Acceptable) <b>1801 Glengary Street</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34231</b>	
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 <i>Jim Markel</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Jim Markel</i> <i>4/12/04</i> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee Is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BERGER, ALAN</b> <input checked="" type="checkbox"/> Delete <b>5410 EAGLES PT CIR</b> <b>SARASOTA, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Olshansky, Norman</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5410 Eagles Point Circle #202</b> <b>Sarasota, FL 34231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>STAR, BUD</b> <input type="checkbox"/> Delete <b>5416 EAGLES PT CIRCLE</b> <b>SARASOTA, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS <b>Markel, Jim</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1801 Glengary Street</b> <b>Sarasota, FL 34231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>FENTON, MARILYN</b> <input type="checkbox"/> Delete <b>5412 EAGLES PT CIR</b> <b>SARASOTA, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT <b>Sutton, William</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>1801 Glengary Street</b> <b>Sarasota, FL 34231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>ROSEN, BERT</b> <input type="checkbox"/> Delete <b>5414 EAGLES PT CIR</b> <b>SARASOTA, FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: <i>Jim Markel</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<i>4/12/04</i> <i>941-921-5393</i> <small>Date Daytime Phone #</small>	