


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001868

1. Entity Name
 LAKEVIEW POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1891 PORTER LAKE DR SARASOTA, FL 34240	Mailing Address 4411 BEE RIDGE ROAD #482 SARASOTA, FL 34233
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01102005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0916002	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

DIFFLEY, PATRICK
 1891 PORTER LAKE DR. #106
 SARASOTA, FL 34240

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

Filing Fee is \$61.25
Due by May 1, 2005

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

000000179841
 01/13/05-80036-003 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIFFLEY, PATRICK 4411 BEE RIDGE ROAD #482 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WRIGHT, DEBRA 4411 BEE RIDGE ROAD #482 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD RUBIN, DAVID 4411 BEE RIDGE ROAD #482 SARASOTA, FL 34233
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Patrick J. Diffley* **PATRICK J. DIFFLEY** 1-10-05 9413439750
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #