

**FILED**  
**Apr 07, 1999 8:00 am**  
**Secretary of State**

04-07-1999 90106 036 \*\*\*\*61.25

|                                                                                                                 |                                                                                   |                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>NONPROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b>                                             |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br><b>Secretary of State</b><br><b>DIVISION OF CORPORATIONS</b> |
| <b>DOCUMENT # N26494</b><br>1. Corporation Name<br><b>LAKEVIEW VILLAGE CONDOMINIUM NO. 10 ASSOCIATION, INC.</b> |                                                                                   |                                                                                                                               |

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br>2180 PARK AVE. N. SUITE 326<br>WINTER PARK FL 32789 | Mailing Address<br>2180 PARK AVE. N. SUITE 326<br>WINTER PARK FL 32789 |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|



|                                                                                               |                                                                                    |                                                                                                                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip Country | 2a. Mailing Address<br>25 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip Country | 3. Date Incorporated or Qualified<br>05/18/1988<br>4. FEI Number<br>65-0050667<br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>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<br>MALCOM, THOMAS D.<br>2180 PARK AVE. N., SUITE 326<br>WINTER PARK FL 32789 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

|                            |                                     |                                                       |                                                                   |
|----------------------------|-------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| 12. OFFICERS AND DIRECTORS |                                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
| TITLE                      | PD <input type="checkbox"/> DELETE  | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ORTIZ, ALBERT                       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 6030-106 SCOTCHWOOD GLEN            | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | ORLANDO FL                          | 1.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | STD <input type="checkbox"/> DELETE | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | FLAHERTY, MAUREEN                   | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 6030-103 SCOTCHWOOD GLEN            | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | ORLANDO FL                          | 2.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | VPD <input type="checkbox"/> DELETE | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BENDER, LAUREL                      | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 6020-103 SCOTCHWOOD GLEN            | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                | ORLANDO FL                          | 3.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE     | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                     | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                     | 4.4 CITY-ST-ZIP                                       |                                                                   |
| TITLE                      | <input type="checkbox"/> DELETE     | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                     | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                                     | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY-ST-ZIP                |                                     | 5.4 CITY-ST-ZIP                                       |                                                                   |
| 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-99 (407) 249-3625  
 DAYONE PHOTOS

CR2E037 (1/98)