2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26494

FILED Mar 23, 2004 Secretary of State

Entity Name: LAKEVIEW VILLAGE CONDOMINIUM NO. 10 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 **SUITE 5000** LONGWOOD, FL 327795044

New Mailing Address: Current Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 59-2916244 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JR., JAMES W C/O SENTRY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US

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:

Name:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete STICKLER, CRAIG Name: 1640 HIALEAH STREET Address:

City-St-Zip: ORLANDO, FL 32808

Title: PD () Delete Name: ROWE, PAUL

Address: 6020-108 SCOTCHWOOD GLEN

City-St-Zip:

ORLANDO, FL 32822

Title: () Delete

TRIANTOS, FRANK 6020 SCOTCHWOOD GLEN #104 Address:

City-St-Zip: ORLANDO, FL 32822

(X) Change () Addition

GILLISPIE, DAVID Name:

Address: 6040 SCOTCHWOOD GLEN #105

City-St-Zip: ORLANDO, FL 32822

Title: (X) Change () Addition

Name: ROWE, PAUL

Address: 6020 SCOTCHWOOD GLEN #108

City-St-Zip: ORLANDO, FL 32822

Title: (X) Change () Addition Name: STOCKBURGER, MIA

6040 SCOTCHWOOD GLEN #102 Address:

City-St-Zip: ORLANDO, FL 32822

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: DAVID GILLISPIE PD 03/23/2004