

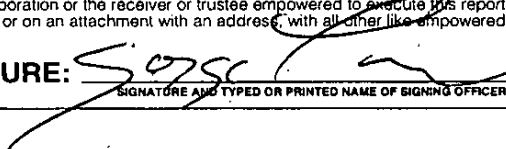


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90140 026 ****61.25

DOCUMENT # 722200					
1. Entity Name LAKE FAIRVIEW CONDOMINIUM, INC.					
Principal Place of Business % 4328 EDGEWATER DR., SUITE 101 ORLANDO, FL 32804 US			Mailing Address 4004 EDGEWATER DRIVE ORLANDO, FL 32804		
2. Principal Place of Business		3. Mailing Address		 04062005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1476662	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RIVERA, MARY ASSET REAL ESTATE INC. 4004 EDGEWATER DRIVE ORLANDO, FL 32804				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Pd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAUNDERS, STEPHEN		NAME	Niska, George	
STREET ADDRESS	1018 TURNER RD		STREET ADDRESS	4328 Edgewater Dr. C201	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	Orlando FL 32804	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VELDE, JENNIFER		NAME	Gray Paula	
STREET ADDRESS	374 LAKEVIEW STREET		STREET ADDRESS	139 Bulks Circle	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAHN, JOHN E		NAME	TERON, Nelly	
STREET ADDRESS	4328 EDGEWATER DR., C205		STREET ADDRESS	321 Portsmouth St	
CITY-ST-ZIP	ORLANDO, FL 32804		CITY-ST-ZIP	Orlando FL 32804	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Brown Donald	
STREET ADDRESS			STREET ADDRESS	4328 Edgewater Dr E 101	
CITY-ST-ZIP			CITY-ST-ZIP	Orlando, FL 32804	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			George Niska, President 4/7/2005 (407)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		