


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
08 AUG -4 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 757284 1. Entity Name LAKE VIEW PROPERTY OWNERS ASSOCIATION, INC.	
--	---

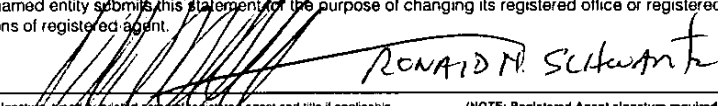
Principal Place of Business 232 WILSHIRE BLVD CASSELBERRY, FL 32707	Mailing Address 232 WILSHIRE BLVD CASSELBERRY, FL 32707
---	---

2. Principal Place of Business - No P.O. Box # 2632 Mandan Tr. Suite, Apt. #, etc.	3. Mailing Address c/o Lighthouse Mgmt Suite, Apt. #, etc. P.O. Box 691316
--	--

City & State Winter Park, FL	City & State Orlando, FL	4. FEI Number 59-2147851	Applied For <input type="checkbox"/> Not Applicable
Zip 32789	Country USA	Zip 32869-1316	Country USA

6. Name and Address of Current Registered Agent BARBER, FRANK P. DEER RUN REALTY & MANAGEMENT 232 WILSHIRE BLVD CASSELBERRY, FL 32707	7. Name and Address of New Registered Agent Name Ronald N. Schwartz Street Address (P.O. Box Number is Not Acceptable) 2632 Mandan Tr. City Winter Park FL Zip Code 32789
---	---

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.

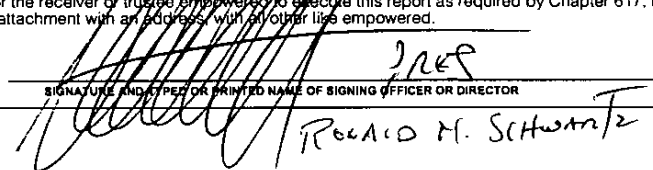
SIGNATURE:  **RONALD N. SCHWARTZ** DATE: **7.31.08**

Signature, Name, Printed Name of Registered Agent and Title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$297.50 **Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S/T	<input checked="" type="checkbox"/> Delete	TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARBER, FRANK P		NAME	Ronald N. Schwartz	
STREET ADDRESS	232 WILSHIRE BLVD.		STREET ADDRESS	P.O. Box 536428	
CITY-ST-ZIP	CASSELBERRY, FL 32707		CITY-ST-ZIP	Orlando, FL 32853	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	200133937472	
CITY-ST-ZIP			CITY-ST-ZIP	08/04/08--01049--003 **297.50	
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		
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		
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 exemptions contained in Chapter 119, 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:  **RONALD N. SCHWARTZ** Date: **7.31.08** Daytime Phone #: **407 3423648**

REINSTATEMENT *07-08*

208/5