

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90144 006 ****61.25

DOCUMENT # 757285

1. Entity Name
LAKE VIEW CONDOMINIUM NO. 1 ASSOCIATION, INC.



Principal Place of Business
**C/O PRESIDENTIAL GROUP SO.
135 W. PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714 US**

Mailing Address
**C/O PRESIDENTIAL GROUP SO.
135 W. PINEVIEW STREET
ALTAMONTE SPRINGS, FL 32714 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2147847

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRESIDENTIAL GROUP SOUTH, INC.
135 W. PINEVIEW ST.
ALTAMONTE SPRINGS, FL 32714**

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

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

(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. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	REISNER, BOB	
STREET ADDRESS	2337 OAK PARKWAY	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SHEA, KIM	
STREET ADDRESS	2353 OAK PARK WAY	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	OFFERMAN, BERNICE	
STREET ADDRESS	2447 OAK PARK WAY	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHARON SHARP	
STREET ADDRESS	2397 OAK PARKWAY	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELBA SOLIS	
STREET ADDRESS	2435 OAK PARKWAY	
CITY-ST-ZIP	ORLANDO, FL 32822	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

[Signature] Pres 4/21/05 407652335