2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#758017

FILED Apr 16, 2007 Secretary of State

Entity Name: LAKE VIEW CONDOMINIUM NO. 3 ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 W. STATE ROAD 434, SUITE 5000 LONGWOOD, FL 32779 **Current Mailing Address: New Mailing Address:** 2180 W. STATE ROAD 434, SUITE 5000 LONGWOOD, FL 32779 FEI Number: 59-2147840 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, JAMES W. JR 2180 W. STATE ROAD 434, SUITE 5000 LONGWOOD, FL 32779 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Delete () Change () Addition PLANT, WANDA Name: Name: 2671 OAK PARK WAY Address: Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: PD () Delete Title: () Change () Addition WILSON, ROBERT Name: Name: Address: 2651 OAK PARK WAY Address: City-St-Zip: ORLANDO, FL 32822 City-St-Zip: Title: () Delete Title: VPD (X) Change () Addition REBHANN, JILL REBHANN, JILL Name: Name: 2687 OAK PARK WAY Address: Address: 2687 OAK PARK WAY City-St-Zip: ORLANDO, FL 32822 City-St-Zip: ORLANDO, FL 32822 Title: () Delete Title: STD () Change (X) Addition Name: Name: ROLLINS, CYNTHIA Address: Address: 2627 OAK PARK WAY City-St-Zip: City-St-Zip: ORLANDO, FL 32822 Title: () Delete Title: () Change (X) Addition PHILLIPS, KATHY Name: Name: 2691 OAK PARK WAY Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32822 Title: () Delete Title: () Change (X) Addition PIPPIN CHRIS Name: Name: Address: Address: 2725 OAK PARK WAY ORLANDO, FL 32822 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT WILSON PD 04/16/2007