


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90039 013 ****61.25


DOCUMENT # N00495

1. Entity Name
 LAKEVIEW PROFESSIONAL CENTER, CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 819 E. FIRST STREET SANFORD, FL 32771	Mailing Address 819 E. FIRST STREET SANFORD, FL 32771
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DO NOT WRITE IN THIS SPACE



02022006 No Chg-NP CR2E037 (11/05)

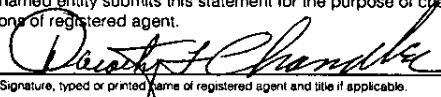
4. FEI Number 59-2555669	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, DOROTHY
 819 E. FIRST STREET
 SANFORD, FL 32771

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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:  DATE: 2-9-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

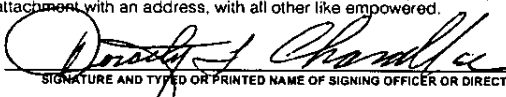
Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HUAMAN, GONZALO, M.D. 819 E. FIRST STREET SANFORD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRODRICK, THOMAS, M.D. 819 E. FIRST STREET SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GREENBURG, ANDREW, M.D. 819 E. FIRST STREET SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CLONTZ, FRANKLIN D., M.D 819 E. FIRST STREET SANFORD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SELASSIE, PETER G 819 E FIRST STREET SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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:  DATE: 2/9/06 DAYTIME PHONE #: 407-322-7841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR