2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

May 04, 2007 8:00 am Secretary of State DOCUMENT # N03000006904 1. Entity Name 05-04-2007 90068 029 ****61.25 THE RESERVE AT LAKEVIEW CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 232 WILSHIRE BLVD 292 WILSHIRE BLVD CASSELBERRY FL 32707 CASSELBERRY FL 32707 2. Principal Place of Business -, No P.O. Box # 3. Mailing Address 6013 Scotchwood GLEN こし トノライナルのいこ MOMT. Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) サ 21 Do Box PFFO City & State City & State Applied For 4. FEI Number WIM DER MERE F ORLANDO 16-1702817 Not Applicable 34786-0774 Country Country \$8.75 Additional 32822 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WIDY BARBER FBANK P Street Address (P.O. Box Number is Not Acceptable) 232 WISHIRE BLVD. CASSELBERRY FL 32707 Concourse 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 SIGNATURE Signature, typed or printed name of registered agent armulitie it applicable (NOTE, Registered Agent signature registed when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 IIILE ☐ Delete TITLE ☐ Change Addition NAME SANTANA, SANDRA NAME STREET ADDRESS STREET ADDRESS 6013 SCOTCHWOOD GLEN #21 CITY-S1-ZIP CITY+ST-ZIP ORLANDO FL 32822 TITLE ☐ Delete THE ☐ Change ☐ Addition NAME SHERENE, CHRISTIE NAME STREET ADDRESS 6013 SCOTCHWOOD GLEN #18 STREET ADDRESS CNY-ST-ZIP ORLANDO FL 32822 CITY+ST-ZIE HUE Delete TITLE Change ☐ Addition NAMÉ NAME DAVIS, MARISA STREET ADDRESS STREET ADDRESS 6013 SCOTCHWOOD GLEN #19 CITY-ST-ZIP CITY-ST-7fP ORLANDO FL 32822 ME Delete THLE Change ☐ Addition NAME NAME DAVILLA, FELIX STREET ADDRESS STREET ADDRESS 6007 SCOTHWOOD GLEN #30 CITY - S1-7IP CHY-ST-7IP ORLANDO FL 32822 Delete HILE TITLE ☐ Change ■ Addilion NAME LOPER, DARREL NAME STREET ADDRESS 6013 SCOTCHWOOD GLEN #10 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32822 CITY-ST-7IP TITLE ☐ Delete TITLE. Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - SI - 7fP CITY-S1-ZIP 12. I horeby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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

FILED