## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N09270** 

## FILED May 04, 2005 8:00 am Secretary of State 05-04-2005 90187 021 \*\*\*\*61.25

Country   Zip   Country   Zip   Country   Sc. Cartificate of Status Desired*   \$3.75 Additional Fee Required*   \$1. Name and Address of New Registered Agent   \$1. N	1. Entity Name LAKE VIEV	W CONDOMINIUM NO. 5 A	ASSOCIATION, INC.					
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   01172005   Chg-NP   CR2E037 (10/03)	135 W PINEVI	IEW ST	PRESIDENTIAL GROUP S 135 W PINEVIEW ST	. 32714 US		EJE JOJI IKEN EDIT DEDIT DIKAT DIKAT		479
City & State  Ci	2. Principal Place of Business		3. Mailing Address					
September   Sept	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01172005 Ch	g-NP CR2E(	37 (10/03)	
6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  GUADAGNINO, ANTHONY 135 W PINEVIEW STREET ALTAMONTE SPRINGS, FL 32714  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signarus, toped or introd many of migraterial agent and time flagsfaciate.  POTE Registered Agent separate instanting)  DAIT  Filling Fee is \$61.25  Due by May 1, 2005  9. Election Gampaign Financing Trust Fund Contribution.  Delete  Title  DP  MAKE SIRET ADDRESS  GIT-51-7P  ORLANDO, FL 32822  GIT-51-7P  ORLANDO, FL 32822  GIT-51-7P  TITLE  INME SIRET ADDRESS  GIT-51-	City & State		City & State					
Superance   Supe	Zip	Country	Zip	Country	- 5 Certificate of Sta	itus Desired	_\$8.75 Addit	lional
Stroot Address (P.O. Box Number is Not Acceptable)  Stroot Acceptable (P.O. Box Number is Not Acceptable (P.O. Box Number		6. Name and Address of Current	Registered Agent	Namo	7. Name and Addr	ress of New Registered	Agent	
THE DP WALL, SHAWN SIRET ADDRESS OF SARR WAY ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUL SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUR SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUR SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUR SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUR SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUR SIRET ADDRESS ORLANDO, FL 32822  TITLE DU LYSAK, PAUR SIRET ADDRESS ORLANDO, FL 32822  TITLE STORMANDO, FL 32822  TITLE STORM	135 W PINEVIEW STREET				ess (P.O. Box Number is N	lot Acceptable)		
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  Signatur, typed or private round of registered agent and to a flagolacide.  Pilling Fee Is \$61.25 Due by May 1, 2005  9. Election Campaign Financing Trust Fund Contribution.  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INLE NAME SIRET ADDRESS CITY-S1-2P ORLANDO, FL 32822  TITLE NAME SIRET ADDRESS SIRET ADDRES				City		F	Zip Code	<del></del>
Trust Fund Contribution. Added to Fees   Flortid Department of State    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHADALES TO OFFICERS AND DIRECTORS IN 10    TITLE   WALL, SHAWN   STREET ADDRESS   2668 OAK PARK WAY   CORLANDO, FL 32822   CITY-S1-ZP    TITLE   D   Change	the obligati	ions of registered agent.				·		and accept
TITLE NAME SIREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822  TITLE TD SOUMGARTH, THERESA L SIREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822  TITLE NAME SIREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822  TITLE TD SOUMGARTH, THERESA L SIREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822  TITLE WAME SIREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822  TITLE TD SOUMGARTH, THERESA L SIREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822  TITLE NAME SIREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822						Florida Dep	artment of St	
WALE, SHAWN SIRET ADDRESS CITY-ST-ZIP TITLE TD NAME SIRET ADDRESS CITY-ST-ZIP TITLE TD NAME BOUNGARTH, THERESA L SIRET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CITY-ST-ZIP TITLE SIRET ADDRESS CITY-ST-ZIP Change Additional SIRET ADDRESS CITY-ST-ZIP Change	10.	<del>,</del>	RECTORS			ES TO OFFICERS AND I	DIRECTORS IN	10
NAME STREET ADDRESS CITY-ST-ZIP  TITLE BOUMGARTH, THERESA L STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822  TITLE BOUMGARTH, THERESA L STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822  TITLE NAME STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32822  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	WALL, SHAWN 2668 OAK PARK WAY	Delete	NAME STREET ADDRESS 2	ober Mor	N Z. Ala	CIZ Přídnye 2	adition
STREET ADDRESS CITY-SI-ZIP ORLANDO, FL 32822  TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	LYSAK, PAUL 2644 OAK PARK WAY	Delete	NAME &		70112 =1 32857	,	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	NAME STREET ADDRESS	BOUMGARTH, THERESA L 2572 OAK PARK WAY	<b>∑</b> Delete	NAME 7	1620 OAK	Bueke- PARK WO F1 32822	Jenki	Addition
TITLE	NAME STREET ADDRESS		☐ Delete	Trans 10		PARK WA	□ Change	Addition
NAME STREET ADDRESS STREET ADDRESS	NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
12. Thereby 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 copyright supplemental report is true and accurate and that my signature shall have the same legal affect as it made under oath; that I am an officer or director	NAME STREET ADDRESS CITY-ST-ZIP			NAME Street Address City-St-Zip				☐ Addition

eport is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if dress, withall other like empowered. of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with

SIGNATURE:

407 6tz-3355