

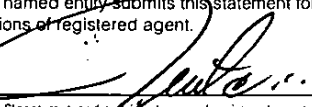
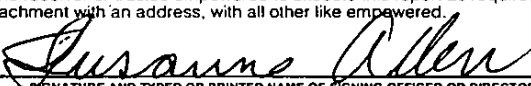


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90248 026 ****61.25

DOCUMENT # N12970 1. Entity Name LAKEVIEW ESTATES CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 14505 COMMERCE WAY STE 525 MIAMI LAKES, FL 33016 US				Mailing Address 14505 COMMERCE WAY STE 525 MIAMI LAKES, FL 33016 US	
2. Principal Place of Business 14411 Commerce Way Suite, Apt. #, etc. 240		3. Mailing Address 14411 Commerce Way Suite, Apt. #, etc. 240			
City & State Miami Lakes, FL		City & State Miami Lakes, FL		4. FEI Number 59-2644477	
Zip 33016		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZARATE, CAM, JORGE G 14505 COMMERCE WAY STE 525 MIAMI LAKES, FL 33016				7. Name and Address of New Registered Agent Name Jorge Zarate, C.A.M. Street Address (P.O. Box Number is Not Acceptable) 14411 Commerce Way, Suite 240 City Miami Lakes FL Zip Code 33016	
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 1/10/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALLEN, SUSANNE 1800 NW 199TH ST #104 MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Acosta, Olga 1820 N.W. 119th ST. #302 Miami, FL 33167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, CARLESSA 2030 NW 199TH ST., # 1222 MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Theower, William 1930 N.W. 119 ST. # 722 Miami, FL 33167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POLLOCK, DIONNE 2000 NW 119TH ST #901 MIAMI, FL 33167	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Allen, Sussane 1800 N.W. 119 St. # 104 Miami FL 33167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, HUBERT 1830 NW 119TH ST #401 MIAMI, FL 33167	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Williams, Carlessa 2030 NW 119 ST # 1222 Miami, FL 33167	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ACOSTA, SUSANNE 1820 NW 119TH ST #302 MIAMI, FL 33167	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 			1/10/06 305-824-4672 <small>Date Daytime Phone #</small>		