CENL'4 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000002785

1. Entity Name

MWK LAKE BUENA VISTA I, INC.

Principal Place of Business

7380 SAND LAKE ROAD

STE 120 ORLANDO, FL 32819 US Mailing Address

7380 SAND LAKE ROAD

STE 120

ORLANDO, FL 32819 U

FILED May 04, 2004 08:00 AM Secretary of State



04152004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3418434

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	named entity submits this statement for the p ins of registered agent	urpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	t
SIGNATURE	ignature, typed or printed name of registered agent and title i	trappicable (NCTE Registered	Agerit signature	required when reinstating)	DATÉ	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				\$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		CTORS				_
NAME STREET ADDRESS	DPT KESSLER, RICHARD C 7380 SAND LAKE ROAD STE 120 ORLANDO, FL 32819				U00000155910 05/05/04-80056-007 1 50.00	
NAME STREET ADDRESS	D HARRIS, EDWARD C 58 BLACKLAND RD. ATLANTA, GA 30342					
NAME STREET ADDRESS	VS DANTZLER, DAY B 7380 SAND LAKE RD STE 120 ORLANDO, FL 32819			DO	NOT WRITE	

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12. I hereby 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607. 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITTLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OH PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Day & Dart = Pools

- 4/58/64 (407)796-999