## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716972

(5)

## FILED May 13 1998 8:00am Secretary of State

LAKE PARK CONDOMINIUM I, INC.					I IDRUS MADRI IRRIA RUMA KRIII IARIA SIRIA AMIN AMIN AMIN AMIN AMIN AMIN AMIN AM
51					
Principal Place of Business Meiting Address					( anders conde sesse sieter soder bilder dieter Bilder Bilder Bilder Albeit (1867)
900 N.E. LAKE PARK DRIVE 900 NE 199TH ST					3. Date Incorporated or Qualified
NORTH MIAMI BEACH FL 33179-3009 NORTH MIAMI BEA			FL 33179-3009		08/06/1969
		U\$			4. FEI Number Applied For
					59-1274009 Not Applicable
2. Principal F	lace of Business	2a. Mailing Address			CO 75 A 1881 - 1
21 26		26			5. Certificate of Status Desired
		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
27				_	Trust Fund Contribution Added to Fees
City & State		City & State	City & State		7. Is this nonprofit corporation a homeowners association?
23		28			Ø Yes □ No
Zip	Country	Zip	Country		6. This corporation owes or has paid the current year Intangible
24	25		30		Personal Property Tax due June 30.  Yes X No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registered Agent
]			81	Name	В
GOLDBERG, LEONARD			82	Street	t Address (P.O. Box Number is Not Acceptable)
1	199 STREET				
NORTH	MIAMI FL 33179		83		
			84	City	85 Zip Code
11. Pursuant	to the provisions of Sections 617.09	502 and 617.1508. Florida Statute	s, the above	-named	d corporation submits this statement for the purpose of changing its registered
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (NOTE:	Registered Age	nt slonature	re required when reinstating) DATE
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE Property	P R	DELETE	1.1 ][[[[	-101	☐ Change
NAME	LUBIN, VICTOR		1.1 TITLE 1.2 WAME	74-7	MARTIN LEVINE
STREET ADDRESS	950 NE 199 ST		1.3 STREET	ADDRESS	1922 NE 199 SINCE
CITY-ST-ZIP	NMB FL		1.4 CITY-S1	r-ZIP	N.MIAMI BCH. FL 33179
TITLE	D	DELETE	2.1 TITLE		D Change Addition
NAME	ZACK, MAURY		2.2 NAME		SIDNEY ROSENBLUM
STREET ADDRESS	922 N.E. 199 STREET		2.3 STREET ADDRE		920 NE 199 STREET N. MIRMI BEACH, FL. 33179
CITY-ST-ZIP	N MIAMI BEACH, FL 00000		2.4 CITY-S	T-ZIP	No. MINIMI DENOTITES. SOLV
TITLE	D	☐ DELETE	3.1 TITLE 1	lue	\frac{1}{P} ☐ Change ☑ Addition
NAME	ALEXANDER, GEORGE		3.2 HAME LE		LEO JACOBS
STREET ADDRESS	942 N.E. 199 STREET		3.3 STREET ADDRESS		1920 NE 199 STREET
CITY-ST-ZIP	N MIAMI BEACH, FL 00000		3.4. CITY-S	T-ZIP	N. MIAMI BCH. 33 179
TITLE	S	DELETE	4.1 TITLE	-	Change ☐ Addition
NAME	TILLMAN, LINDA		4. 2 NAME		JACK WOLFSTEW
STREET ADDRESS	920 NE 199 STREET		4.3 STREET ADDRESS		920 NE. 199 STREET
CITY-ST-ZIP	NORTH MIAMI BEACH FL		4.4 City-St	·ZIP	N. MIAMI BCH 33179
TITLE	7	DELETE	5.1 TITLE	4 44	Change Addition
NAME	RUBIN, FAE		5.2 NAME	mey	LPEARL KLAPPERT
STREET ADDRESS	940 NE 199TH ST		5.3 STREET	NDDRESS	1952 N.E 199 STREET
CITY-ST-ZIP	N MIAMI BCH FL		5.4 CITY-S1		N. MIAMI BOH, 33179
TITLE	VD	DELETE	6.1 TITLE		Addition
NAME	PALERMO, HARRY		6.2 NAME		
STREET ADDRESS	942 N. E. 199TH STREET		6.3 STREET A	uddress	<b>1</b> ·
CITY-ST-ZIP	NORTH MIAMI BEACH FL		6.4 CITY-ST	-ZIP	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 comporation or the recipion or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter or on an attachment with an address.

SIGNATURE:

MARTIN LAVILE &

1/98 30

305-651-PROL