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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 716972

1. Corporation Name

LAKE PARK CONDOMINIUM I, INC.

Principal Place of Business

900 N.E. LAKE PARK DRIVE  
NORTH MIAMI BEACH FL 33179-3009

Mailing Address

900 NE 199TH ST  
NORTH MIAMI BEACH FL 33179-3009  
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/06/1969

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1274009

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLDBERG, LEONARD  
940 N.E. 199 STREET  
NORTH MIAMI FL 33179

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME LUBIN, VICTOR  
STREET ADDRESS 950 NE 199 ST  
CITY-ST-ZIP NMB FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME LEVINE, MARTIN  
STREET ADDRESS 922 NE 199TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME ALEXANDER, GEORGE  
STREET ADDRESS 942 N.E. 199 STREET  
CITY-ST-ZIP N MIAMI BEACH, FL 00000

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME ROSENBLUM, SIDNEY  
STREET ADDRESS 922 NE 199TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change

Addition

TITLE VP  
NAME JACOBS, LEO  
STREET ADDRESS 920 NE 199TH STREET  
CITY-ST-ZIP N MIAMI BCH FL 33179

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change

Addition

TITLE D  
NAME WOLFSTEIN, JACK  
STREET ADDRESS 920 NE 199TH STREET  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change

Addition

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

JAN 29 1999

(35) 651-8801

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)