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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 747364

(8)

LAKEVIEW GARDENS CONDOMINIUM ASSOCIATION, INC.  Principal Place of Business Mailing Address									
8325 SW 56TH ST 8325 SW 56TH ST MIAMI FL 33155 MIAMI FL 33155									
			. <u> </u>			3. Date Incorporated or Qu. 05/24/1979	alified 3a	a. Date of Las 04/28/	•
2. Principal Place of Business	_	2a. Mailing Address				4. FEI Number			Applied For
Suite, Apt. #, etc.		26				59-2589579			Not Applicabl
2	-	Suite, Apt. #, etc.				5. Certificate of Status Desi	red 🔽		5 Additional Required
City & State		City & State				6. Election Campaign Finan	cina		<del></del>
3		28				Trust Fund Contribution			00 May Be ed to Fees
	Country	Zip	Cou	ntry		8. This corporation has liabi	lity for intangit		
25		29	30			Florida Statutes		; □ No	
9, Name and	Address of Current Re	egistered Agent		81	Name	10. Name and Address of	New Registe	red Agent	
				"	name				
PRINZ, EUGENE A.				82 Stree		dress (P.O. Box Number is Not Acceptable)			
8325 SW 56 STREET				83					**
MIAMI FL 33155									
				84 (	City			EL 85 Z	ip Code
11. Pursuant to the provisions of	if Sections 617.0502 and in the State of Florida. S	617,1508, Florida Statut Such change was authoriz	es, the abo	ve-nar	med corpor	ration submits this statement for I rd of directors. I hereby accept the	the purpose o	f changing its	registered officed agent. Lam
familiar with, and accept the	obligations of, Section 6	517.0503, Florida Statutes	3.						
familiar with, and accept the	e obligations of, Section 6 ad name of registered agent and til	te if applicable (NC	i. OTE: Registered			d when renstating:	DΛ		
familiar with, and accept the SIGNATURE  Signature, typed or print	obligations of, Section 6	te if applicable (NC	3.	Agent si			DΛ		
familiar with, and accept the SIGNATURE  Signature, typed or print  12.  PD	or colligations of, Section 6 and name of registered agent and til OFFICERS AND DIF	17.0503, Florida Statutes te il applicable (NC RECTORS	TE: Registered	Agent si		d when renstating:	DΛ	IE AND DIBECTI	ORS IN 12
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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 employered 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.

SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/30/96 (305)279-0909