

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **747364**

1. Entity Name

**LAKEVIEW GARDENS CONDOMINIUM ASSOCIATION, INC.**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90129 007 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>8325 SW 56TH ST MIAMI FL 33155-5424</b>	Mailing Address <b>8325 SW 56TH ST MIAMI FL 33155-5424</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2589579</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**PRINZ, EUGENE A.**  
**8325 SW 56 STREET**  
**MIAMI FL 33155**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>KUHN, LUCILLE</b> <b>5425 SW 77TH CT., #D-108</b> <b>MIAMI FL 33155</b> <b>DECEASED</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>TELLER, SHIRLEY</b> <b>5301 SW 77TH CT G 104</b> <b>MIAMI FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSTD</b> <b>WELLER, EDWARD</b> <b>5396 SW 80TH STREET</b> <b>MIAMI FL 33143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HENDLEY, KENNETH</b> <b>5575 SW 77TH CT B 205</b> <b>MIAMI FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SOLER, CLARA</b> <b>5501 SW 77TH CT C 102</b> <b>MIAMI FL 33155</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GAMBLE, JAY</b> <b>600 biltmore way #1019</b> <b>CORAL GABLES, FL 33134</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>WELLER, EDWARD</b> <b>5396 sw 80TH STREET</b> <b>MIAMI, FL 33143</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>NIETO, SILVINIO</b> <b>7711 SW 56 ST, A-112</b> <b>MIAMI, FL 33155</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input checked="" type="checkbox"/> Addition

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 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: **SIGNATURE REQUIRED** *Deley Tuelan* 4-25-00 305-279-0909  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)