

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 04 1998 8:00am
Secretary of State

*NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mostham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 768912
1. Corporation Name
LAKEBELLE CONDOMINIUM NO ONE, INC.

Principal Place of Business: 5663-5725 W 28 AVE, HIALEAH, FL 33010
Mailing Address: 40 Woods Mgt., 2740 W 5 Ave, HIALEAH, FL 33010

3. Date Incorporated or Qualified: 6/14/1983
4. FEI Number: 59-2583134
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 5663-5725 W 28 AVE, HIALEAH, FL 33010
2a. Mailing Address: 40 Woods Mgt., 2740 W 5 Ave, HIALEAH, FL 33010
23. City & State: HIALEAH, FL
24. Zip: 33016, Country: USA

9. Name and Address of Current Registered Agent
Harold Schenk
40 Woods Management
2740 W. 5. AVE
Hialeah FL 33010

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0005 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: Harold Schenk DATE: 5/27/98

12. OFFICERS AND DIRECTORS

TITLE: 5710	NAME: BOSSOLINO, Obdulio	DELETED: <input type="checkbox"/>
STREET ADDRESS: 5707 W 28 AVE	CITY-ST-ZIP: HIALEAH, FL 33016	
TITLE: 10	NAME: GARCIA, David	DELETED: <input type="checkbox"/>
STREET ADDRESS: 5729 W 28 AVE	CITY-ST-ZIP: HIALEAH, FL 33016	
TITLE: PP	NAME: SALAS, Juan	DELETED: <input type="checkbox"/>
STREET ADDRESS: 7404 W 34 Ct.	CITY-ST-ZIP: HIALEAH, FL 33016	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	
TITLE:	NAME:	DELETED: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

800002553378
-06/09/98--01094--022
***61.25

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.

SIGNATURE: JUAN SALAS DATE: 9-22-98 DAYTON PHONE #: (305) 557-9338

CR2E037 (10/97)