

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90044 036 ****61.25

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1. Entity Name
LAKEVIEW CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
2819 N. OAKLAND FOREST DR.
FT. LAUDERDALE, FL 33309

Mailing Address
2819 N. OAKLAND FOREST DR.
FT. LAUDERDALE, FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sterling Management Services

City & State

2800 Scherer Drive N., Suite 100
St. Petersburg, FL 33716

04242006

Chg-NP

CR2E037 (11/05)

4. FEI Number

20-3201007

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

~~DESANTOS, CECILE~~
~~2819 N. OAKLAND FOREST DR.~~
~~FT. LAUDERDALE, FL 33309~~

7. Name and Address of New Registered Agent

Name Donald Hillex
Street Address (P.O. Box Number is Not Acceptable)

11382 Prosperity Farm Rd
City Palm Bch Gardens FL Zip Code 33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: C. Dos Santos
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/06
DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME KOHANA, RANDY
STREET ADDRESS 400 MADISON AVE, SUITE 2B
CITY-ST-ZIP NEW YORK, NY 11017

TITLE VD ☒ Delete
NAME ZERNER, MICHAEL C
STREET ADDRESS 400 MADISON AVE, SUITE 2B
CITY-ST-ZIP NEW YORK, NY 11017

TITLE STD ☒ Delete
NAME SMITH, STEVEN C
STREET ADDRESS 400 MADISON AVE, SUITE 2B
CITY-ST-ZIP NEW YORK, NY 11017

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Joe Ro
STREET ADDRESS 2871 N. Oakland Forest Dr. # 209
CITY-ST-ZIP Oakland Park, FL 33309

TITLE TD ☒ Change ☐ Addition
NAME Angela Garcia
STREET ADDRESS 2810 N. Oakland Forest Dr. # 107
CITY-ST-ZIP Oakland Park, FL 33309

TITLE SD ☒ Change ☐ Addition
NAME Ceile Dos Santos
STREET ADDRESS 2819 N. Oakland Forest Dr.
CITY-ST-ZIP Oakland Park FL 33309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: C. Dos Santos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/06
Date

(954) 733-5300
Daytime Phone #