2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State
04-22-2008 90024 030 ****61.25

DOCUMENT # N05000007268

1. Entity Name
LAKEVIEW CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2819 N. OAKLAND FOREST DR. FORT LAUDERDALE, FL 33309	STERLING MANAGEMENT SERVICES 2870 SCHERER DRIVE N., SUITE 100 SAINT PETERSBURG, FL 33716

03242008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3201007 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HOLLANDER, RHONDA 1861 N FEDERAL HWY #191 HOLLYWOOD, FL 33020	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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RO, JOE 2819 N. OAKLAND FOREST DR. FORT LAUDERDALE, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD OWENS, FREDERICK E 2819 N. OAKLAND FOREST DR. OAKLAND PARK, FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Mooney, Doug 2819 N. Oakland Forest Dr. Oakland Park, FL 33309	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GARCIA, ANGELA 2819 N. OAKLAND FOREST DR. OAKLAND PARK, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Bliss, Daryl 2819 N. Oakland Forest Dr. Oakland Park, FL 33309	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KOVALS, JUDITH 2819 N. OAKLAND FORREST DR. OAKLAND PARK, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Barraus, Amy 2819 N. Oakland Forest Dr. Oakland Park, FL 33309	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRENTON, STEVE 2819 N. OAKLAND FORREST DR. OAKLAND, FL 33309	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Bonnin, Miguel 2819 N. Oakland Forest Dr. Oakland Park, FL 33309	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D. Figueroa, Norma 2819 N. Oakland Forest Dr. Oakland Park, FL 33309	☐ Change ☐ Addition

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: _____ PRES, on Behalf of the BD. 4/15/2008 954-733-5372
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #