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NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N43384 (9)

1. Corporation Name

LAKEVIEW TOWNHOMES AT THE CALIFORNIA CLUB CONDOM INIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT P O BOX 801338 AVENTURA FL 33180-3701 US	C/O MIAMI MANAGEMENT P O BOX 801338 AVENTURA FL 33180-3701 US

3. Date Incorporated or Qualified: 05/13/1991	3a. Date of Last Report: 04/07/1995
4. FEI Number: 65-0260339	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 c/o Miami Management 20803 Biscayne Blvd.	26 c/o Miami Management 20803 Biscayne Blvd.
Suite, Apt. #, etc. 22 Ste. 203	Suite, Apt. #, etc. 27 Ste. 203
City & State 23 Aventura FL	City & State 28 Aventura FL
Zip / Country 24 33180 / 25	Zip / Country 29 33180 / 30

9. Name and Address of Current Registered Agent

KOSS, JEREMY A ESQ
BUCHANAN INGERSOLL, PROFESSIONAL CORP
19495 BISCAYNE BLVD., SUITE 606
N MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROCKOWITZ, ELIZABETH 20834 SAN SIMEON WAY #65C NO MIAMI BCH FL 33179	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Rockowitz, Elizabeth 20834 San Simeon Way #65C N. Miami Beach FL 33179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WOOGIN, MELISSA 20834 SAN SIMEON WAY #65C NO MIAMI BCH FL 33179	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BERKEM, LAURIE 20834 SAN SIMEON WAY #65C NO MIAMI BCH FL 33179	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S,D Berkhem, Laurie 20832 San Simeon Way #62B N. Miami Beach FL 33179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD TACHE, TEANA 20834 SAN SIMEON WAY #65C NO. MIAMI BCH. FL 33179	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VP/T/D Tache Teana 20834 San Simeon Way #68C N. Miami Beach FL 33179	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER, DIANE 20834 SAN SIMEON WAY, #65C N. MIAMI BCH. FL 33179	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOWERTON, RICHARD 20834 SAN SIMEON WAY, #65C N. MIAMI BCH. FL 33179	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Elizabeth Rockowitz Elizabeth Rockowitz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #