FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

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

99 MAY 19 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43384

1. Corporation Name

LAKEVIEW TOWNHOMES AT THE CALIFORNIA CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business | Mailing Address

REINSTATEMENT 8-99

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business	2a. Mailing Address
21 c/o Phoenix Management	26 c/o Phoenix Management
Suite, Apt. #, etc. 22 541 S State Rd 7 #12	Suite, Apt. #, etc. 27 541 S State Rd 7 #12
City & State 23 Margate FL 33068	City & State 28 Margate FL 33068
Zip 24 / Country 25	Zip 29 / Country 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Sheldon Goldberg

82 Street Address (P.O. Box Number is Not Acceptable): 541 S State Rd 7 # 12

83

84 City: Margate FL | FL | 85 Zip Code: 33068

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: Sheldon Goldberg — Sheldon Goldberg — 3/24/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition: P/D; Lorraine Bodek; 2083s San Simeon Way #63B; N Miami Bch FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition: V/D; Diane Alexander; 20834 San Simoeon Way #70C; N Miami Bch FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition: S/T/D; Richard Howerton; 20834 San Simeon Way #64C; N Miami Bch FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition: D; Christopher Bentley; 20826 San Simeon Way #57L; N Miami Bch FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition: D; M Lissett Montalvo; 20832 San Simeon Way #60B; N. Miami Bch FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE 300002885403--9 -05/25/99--01038--007 *****61.25 *****61.25	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition 300002885489 -05/25/99--01038--006 ****236.25 ****236.25

14. I do 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: Lorraine Bodek President 3/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #