

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43384

1. Entity Name

LAKEVIEW TOWNHOMES AT THE CALIFORNIA CLUB CONDOM

FILED

Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90035 001 ****61.50

Principal Place of Business

Mailing Address

% PHOENIX MANAGEMENT
541 S. STATE ROAD 7, #12
MARGATE FL 33068
US

% PHOENIX MANAGEMENT
541 S. STATE ROAD 7, #12
MARGATE FL 33068-1711
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0260339

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

7. Name and Address of New Registered Agent

GOLDBERG, SHELDON
541 S. STATE ROAD 7, #12
MARGATE FL 33068

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	Delete
NAME	BODEK, LORRAINE	
STREET ADDRESS	20834 SAN SIMEON WAY, #63B	
CITY-ST-ZIP	NO MIAMI BCH FL 33179	
TITLE	VD	☐ Delete
NAME	ALEXANDER, DIANE	
STREET ADDRESS	20834 SAN SIMEON WAY, #70C	
CITY-ST-ZIP	NO. MIAMI BCH. FL 33179	
TITLE	STD	☐ Delete
NAME	HOWERTON, RICHARD	
STREET ADDRESS	20834 SAN SIMEON WAY, #64C	
CITY-ST-ZIP	N. MIAMI BCH. FL 33179	
TITLE	D	☒ Delete
NAME	BENTLEY, CHRISTOPHER	
STREET ADDRESS	20826 SAN SIMEON WAY, #57L	
CITY-ST-ZIP	N. MIAMI BCH. FL 33179	
TITLE	D	☒ Delete
NAME	MONTALVO, LISSETT	
STREET ADDRESS	20832 SAN SIMEON WAY, #60B	
CITY-ST-ZIP	N. MIAMI BCH. FL 33179	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	☐ Change ☒ Addition
NAME	JACK Bernstein	
STREET ADDRESS	20834 San Simeon Way 61B	
CITY-ST-ZIP	NO MIAMI BCH FL 33179	
TITLE	Lorraine Bodek - STD	☐ Change ☐ Addition
NAME	20834 San Simeon Way #63B	
STREET ADDRESS	NO MIAMI BCH FL 33179	
CITY-ST-ZIP		
TITLE	Assistant Treasurer	☒ Change ☒ Addition
NAME	Juan Jose Torres	☐ Change ☒ Addition
STREET ADDRESS	20834 San Simeon Way 69C	
CITY-ST-ZIP	NO MIAMI BCH FL 33179	
TITLE	Josephine Hayles Osborne	☐ Change ☒ Addition
NAME	Secretary	
STREET ADDRESS	20826 San Simeon Way 54C	
CITY-ST-ZIP	NO MIAMI BCH FL 33179	
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/00

Date

308-651-9490

Daytime Phone #

CR2E037 (9/99)