NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2005 8:00 am
Secretary of State
05-27-2005 90024 036 ****61.25

DOCUMENT # N43384

1. Entity Name
LAKEVIEW TOWNHOMES AT THE CALI-
CLUB CONDO ASSOC., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
c/o Phoenix MGT
Suite, Apt. #, etc.
#E250
City & State
Zip
Country

3. Mailing Address
4780 No. STATE Rd. #7
Suite, Apt. #, etc.
#E250
City & State
LAUDERDALE LAKES
Zip
33319 BROWARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0260339 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name GARY MARS
Street Address (P.O. Box Number is Not Acceptable)
150 WEST FLAGLER ST. 27th FLOOR
City MIAMI FL Zip Code 33130

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

FEE IS $61.25
Initial or Amended UBR

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT LORRAINE BODEK 20832 SAN SIMEON WAY #63 NORTH MIAMI BCH, FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT + TREASURER RICHARD HOWERTON 20834 SAN SIMEON WAY #64 NORTH MIAMI BCH, FL 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY DIANE F. ALEXANDER 20834 SAN SIMEON WAY #70 NORTH MIAMI BCH, FL 33179
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Lorraine Bodek May 23 2005 305-652-6170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #