

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90098 027 ****61.25

DOCUMENT # N43384 1. Entity Name LAKEVIEW TOWNHOMES AT THE CALIFORNIA CLUB CONDOMINIUM ASSOCIATION, INC.																										
Principal Place of Business C/O PHOENIX MANAGEMENT 4780 N STATE ROAD 7, #E250 FORT LAUDERDALE, FL 33319 US		Mailing Address C/O PHOENIX MANAGEMENT 4780 N STATE ROAD 7, #E250 FORT LAUDERDALE, FL 33319 US																								
2. Principal Place of Business - No P.O. Box # 4800 N STATE RD. #7 Suite, Apt. #, etc. 105		3. Mailing Address 4800 N. STATE RD. #7 Suite, Apt. #, etc. 105																								
City & State LAUDERDALE LAKES Zip 33319		City & State LAUDERDALE LAKES Zip FL																								
4. FEI Number 65-0260339		Applied For ☐ Not Applicable																								
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																								
6. Name and Address of Current Registered Agent MARS, GARY 150 WEST FLAGLER ST 27TH FLOOR MIAMI, FL 33130		7. Name and Address of New Registered Agent 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 <i>Lorraine Bodek</i> DATE <i>Jan 31, 2007</i> (Signature, typed or printed name of registered agent and title is applicable. (NOTE: Registered Agent signature required when reinstating.)																										
Filing Fee is \$61.25 Due by May 1, 2007		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																								
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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: <i>Lorraine Bodek</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>Jan. 31, 2007</i> Daytime Phone # <i>305-652-6170</i>																								