2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90947 002 ****61.25

DOCUMENT # N43384

1. Entity Name

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

Principal Place of Business	Mailing Address
C/O NORTHEAST DADE COALITION PO BOX 800417 AVENUTURA FL 33280 US	C/O NORTHEAST DADE COALITION PO BOX 800417 AVENUTURA FL 33280 Phoenix Management Services
2. Principal Place of Business	3. Mailing Address 4780 N. State Rd. 7
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite E 250
City & State	City & State Lauderdale Lakes, FL 33319
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
~~UBERT, PAUL~~ ~~21155 HELMSMAN DR.~~ ~~M 14~~ ~~AVENTURA FL 33180~~ Phoenix Management Services 4780 N. State Rd. 7 Suite E 250 Lauderdale Lakes, FL 33319	Name PHOENIX Mgt. Services Street Address (P.O. Box Number is Not Acceptable) 4780 N. STATE Rd. #7 Suite E250 City LAUDERDALE LAKES FL Zip Code 33319

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 Lorraine Bodek 3-30-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BODEK, LORRAINE 20834 SAN SIMEON WAY, #63B NORTH MIAMI BEACH FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lorraine Bodek	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALEXANDER, DIANE 20834 SAN SIMEON WAY, #70C NORTH MIAMI BEACH FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Diane Alexander	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD HOWERTON, RICHARD 20834 SAN SIMEON WAY, #64C NORTH MIAMI BEACH FL 33179	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Lorraine Bodek 3-30-03