

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 734793

1. Entity Name

Lakeview Condominium System, Inc.

FILED

00 MAR 20 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

810 Lake Shore Drive, Unit 47  
Lake Park, Fl. 33403

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1979336

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

St. John, Dicker and Kaplan  
500 Australian Ave.  
South Clearlake PLaza  
Suite 600  
West Palm Beach, Fl. 33401

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.

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

TITLE President D ☐ Delete  
NAME William Linehan  
STREET ADDRESS 1070 Sugar Sands Blvd. #387  
CITY-ST-ZIP Singer Island, Fl. 33404

TITLE Vice-President D ☐ Delete  
NAME Barbara Bradshaw  
STREET ADDRESS 810 Lake Shore Drive, #43  
CITY-ST-ZIP Lake Park, Fl. 33403

TITLE Treasurer D ☐ Delete  
NAME Lidia Jaroslawsky  
STREET ADDRESS 810 Lake Shore Drive, #45  
CITY-ST-ZIP Lake Park, Fl. 33403

TITLE Secretary D ☐ Delete  
NAME William Sheradin  
STREET ADDRESS 810 Lake Shore Drive, #41

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: William Linehan William LINEHAN 3/17/2000 842-1798

CR2E037 (9/99)