

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 23 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 716972 (5)**  
 1. Corporation Name  
**LAKE PARK CONDOMINIUM I, INC.**



Principal Place of Business <b>900 N.E. LAKE PARK DRIVE NORTH MIAMI BEACH FL 33179-3009</b>	Mailing Address <b>900 NE 199TH ST NORTH MIAMI BEACH FL 33179-3009 US</b>
--	--

3. Date Incorporated or Qualified <b>08/06/1969</b>	3a. Date of Last Report <b>03/13/1996</b>
--	--

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

4. FEI Number <b>59-1274009</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**GOLDBERG, LEONARD  
 940 N.E. 199 STREET  
 NORTH MIAMI FL 33179**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ROSE, JACK	
STREET ADDRESS	942 N. E. 199THE STREET	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZACK, MAURY	
STREET ADDRESS	922 N.E. 199 STREET	
CITY - ST - ZIP	N MIAMI BEACH, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALEXANDER, GEORGE	
STREET ADDRESS	942 N.E. 199 STREET	
CITY - ST - ZIP	N MIAMI BEACH, FL 00000	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TILLMAN, LINDA	
STREET ADDRESS	920 NE 199 STREET	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RUBIN, FAE	
STREET ADDRESS	940 NE 199TH ST	
CITY - ST - ZIP	N MIAMI BCH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PALERMO, HARRY	
STREET ADDRESS	942 N. E. 199TH STREET	
CITY - ST - ZIP	NORTH MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Victor Lubin	
13 STREET ADDRESS	950 N.E. 199th Street	
14 CITY - ST - ZIP	North Miani Beach, Florida 33179	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Fae Rubin* (Treas) 1-8-97 (305) 691-8801  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033347

CR2E037 (9/96)