


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

**FILED**

**May 13 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 716972 (5)**

1. Corporation Name  
**LAKE PARK CONDOMNIUM 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>
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3. Date Incorporated or Qualified <b>08/06/1969</b>	
4. FEI Number <b>59-1274009</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <i>President</i>	<input type="checkbox"/> DELETE <b>LUBIN, VICTOR</b> 950 NE 199 ST NMB FL	1.1 TITLE <i>SECRETARY</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MARTIN LEVINE</b> 922 NE 199 STREET N. MIAMI BCH. FL 33179
TITLE	<input checked="" type="checkbox"/> DELETE <b>ZACK, MAURY</b> 922 N.E. 199 STREET N MIAMI BEACH, FL 00000	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>SIDNEY ROSENBLUM</b> 922 NE 199 STREET N. MIAMI BEACH, FL. 33179
TITLE	<input type="checkbox"/> DELETE <b>ALEXANDER, GEORGE</b> 942 N.E. 199 STREET N MIAMI BEACH, FL 00000	3.1 TITLE <i>Vice Pres.</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LEO JACOBS</b> 920 NE 199 STREET N. MIAMI BCH. 33179
TITLE	<input checked="" type="checkbox"/> DELETE <b>TILLMAN, LINDA</b> 920 NE 199 STREET NORTH MIAMI BEACH FL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JACK WOLFSTEIN</b> 920 NE 199 STREET N. MIAMI BCH 33179
TITLE	<input checked="" type="checkbox"/> DELETE <b>RUBIN, FAE</b> 940 NE 199TH ST N MIAMI BCH FL	5.1 TITLE <i>Chairman</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>PEARL KLAPPERT</b> 952 N.E 199 STREET N. MIAMI BCH, 33179
TITLE	<input checked="" type="checkbox"/> DELETE <b>PALERMO, HARRY</b> 942 N. E. 199TH STREET NORTH MIAMI BEACH FL	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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14. 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 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: *Martin Levine* MARTIN LEVINE *5/1/98* 305-651-8901

CR2E037 (10/97)