FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:22

DOCUMENT # 755828 (1)

1. Corporation Name

LAKE VIEW OF THE CALIFORNIA CLUB CONDOMINIUM ASS OCIATION, INC.

Principal Place of Business	Mailing Address
% GEO. HARTH & ASSOC. 4150 NW 7TH AVE. MIAMI FL 33127	% GEO. HARTH & ASSOC. 4150 NW 7TH AVE. MIAMI FL 33127

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/09/1981
3a. Date of Last Report: 07/26/1994
4. FEI Number: 59-2050352 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 c/o Miami Management	26 c/o MIAMI Management
Suite, Apt. #, etc. 22 P.O. Box 801338	Suite, Apt. #, etc. 27 P. O. Box 801338
City & State 23 Aventura Florida	City & State 28 Aventura Florida
Zip 24 33180-3701 Country 25	Zip 29 33180-3701 Country 30

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GEORGE HARTH & ASSOCIATES 4150 NW 7TH AVE. MIAMI FL 33127	81 Name: SKRLD, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE 83 STE. 1102 84 City: CORAL GABLES FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE * SKRLD, Inc. by [signature] V.P 5/17/95
* Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1 1 TITLE	D S — X ☐ Change ☐ Addition
NAME	DUBOWSKY, JUDY	1 2 NAME	LAURENT, ROBIN
STREET ADDRESS	20850 SAN SIMEON WY #505	1 3 STREET ADDRESS	20850 SAN SIMEON WAY #302
CITY-ST-ZIP	N. MIAMI BEACH FL	1 4 CITY-ST-ZIP	N. MIAMI BEACH FL 33179
TITLE	D	2 1 TITLE	DVP — X ☐ Change ☐ Addition
NAME	MAIORCA, SAM	2 2 NAME	MAIORCA, SAM
STREET ADDRESS	20850 SAN SIMEON WAY	2 3 STREET ADDRESS	20850 SAN SIMEON WAY #204
CITY-ST-ZIP	N. MIAMI BEACH FL	2 4 CITY-ST-ZIP	N. MIAMI BEACH FL 33179
TITLE	DT	3 1 TITLE	☐ Change ☐ Addition
NAME	LEBLANC, JOAN	3 2 NAME	
STREET ADDRESS	208 SAN SIMEON WAY, #608	3 3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	3 4 CITY-ST-ZIP	
TITLE	DT	4 1 TITLE	D — ☒ Change ☐ Addition
NAME	ESTERSON, BENJAMIN	4 2 NAME	NAPP JACK
STREET ADDRESS	20850 SAN SIMEON WAY, #202	4 3 STREET ADDRESS	20860 SAN SIMEON WAY #405
CITY-ST-ZIP	N. MIAMI BCH. FL	4 4 CITY-ST-ZIP	N. MIAMI BEACH FL 33179
TITLE	D	5 1 TITLE	D — X ☐ Change ☐ Addition
NAME	LEVINE, MEYER	5 2 NAME	FRIEDMAN TEDDY
STREET ADDRESS	18102 W. DIXIE WAY	5 3 STREET ADDRESS	20850 SAN SIMEON WAY #403
CITY-ST-ZIP	N. MIAMI BEACH FL	5 4 CITY-ST-ZIP	N. MIAMI BEACH FL 33180
TITLE	DVP	6 1 TITLE	DP — X ☐ Change ☐ Addition
NAME	NELSON, ROBERT	6 2 NAME	NELSON, ROBERT
STREET ADDRESS	20860 SAN SIMEON WAY, #308	6 3 STREET ADDRESS	20860 SAN SIMEON WAY, 308
CITY-ST-ZIP	N. MIAMI BEACH FL	6 4 CITY-ST-ZIP	N. MIAMI BEACH FL 33179

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

REPRINT MAY 1

SIGNATURE: X [signature] 5-22-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041097