FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 755828 (1)

1. Corporation Name

LAKE VIEW OF THE CALIFORNIA CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
C/O MIAMI MANAGEMENT P O BOX 801338 AVENTURA FL 33180-3701 US	C/O MIAMI MANAGEMENT P O BOX 801338 AVENTURA FL 33180-3701 US

3. Date Incorporated or Qualified: 01/09/1981
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business	2a. Mailing Address
21 C/O Miami Management	26 C/O Miami Management
Suite, Apt. #, etc. 22 Ste. 203	Suite, Apt. #, etc. 27 Ste. 203
City & State 23 Aventura FL	City & State 28 Aventura FL
Zip 24 33180 / Country 25	Zip 29 33180 / Country 30

4. FEI Number: 59-2050352 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SKRLD, INC
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	☒ DELETE	1.1 TITLE	DS	☐ Change ☒ Addition
NAME	LAURENT, ROBIN		1.2 NAME	Bailey, Lori	
STREET ADDRESS	20850 SAN SIMEON WAY #302		1.3 STREET ADDRESS	20850 San Simeon Way #201	
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP	N. Miami Beach FL 33179	
TITLE	DVP	☐ DELETE	2.1 TITLE	DVP	☐ Change ☒ Addition
NAME	MAIORCA, SAM		2.2 NAME	Block Bernie	
STREET ADDRESS	20850 SAN SIMEON WAY #204		2.3 STREET ADDRESS	20860 San Simeon Way #209	
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	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	D	☐ DELETE	4.1 TITLE	DP	☒ Change ☐ Addition
NAME	NAPP, JACK		4.2 NAME	Napp, Jack	
STREET ADDRESS	20860 SAN SIMEON WAY #405		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	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRIEDMAN, TEDDY		5.2 NAME		
STREET ADDRESS	20850 SAN SIMEON WAY #403		5.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		5.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	NELSON, ROBERT		6.2 NAME	Levine, Meyer	
STREET ADDRESS	20860 SAN SIMEON WAY, #308		6.3 STREET ADDRESS	18102 W Dixie Highway	
CITY-ST-ZIP	N. MIAMI BEACH FL		6.4 CITY-ST-ZIP	N. Miami Beach FL 33160	

CR2E037 (12/95)

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(3)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/17/96 305 653-9540
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #