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May 20 1997 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1997

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 20803 BISCAYNE BLVD SUITE 203 AVENTURA FL 33180 US
C/O MIAMI MANAGEMENT 20803 BISCAYNE BLVD SUITE 203 AVENTURA FL 33180 US

3. Date Incorporated or Qualified 01/09/1981
3a. Date of Last Report 04/24/1996

2. Principal Place of Business 2a. Mailing Address
21 C/O ROBERTS MGMT & REALTY SUITE, Apt. #, etc. 26 C/O ROBERTS MGMT & REALTY SUITE, Apt. #, etc.
22 1840 NE 153rd Street 27 1840 NE 153rd Street
City & State City & State
23 N.M.B., FL 28 N.M.B., FL
Zip Country Zip Country
24 33162 25 33162 29 33162 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 ROBERT MANAGEMENT
82 Street Address (P.O. Box Number is Not Acceptable) 1840 NE. 153 ST.
83
84 City N Miami Beach, Florida FL 85 Zip Code 33162

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	DR	<input checked="" type="checkbox"/> DELETE
NAME	RALEY, LORI	
STREET ADDRESS	20860 SAN SIMEON WAY #201	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	DR	<input type="checkbox"/> DELETE
NAME	BLOCK, BERNIE	
STREET ADDRESS	20860 SAN SIMEON WAY #209	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	BK	<input checked="" type="checkbox"/> DELETE
NAME	LEBLANC, JOAN	
STREET ADDRESS	20850 SAN SIMEON WAY #608	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	DR	<input checked="" type="checkbox"/> DELETE
NAME	HARR, JACK	
STREET ADDRESS	20860 SAN SIMEON WAY #105	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FRIEDMAN, TEDDY	
STREET ADDRESS	20850 SAN SIMEON WAY #403	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEVINE, MEYER	
STREET ADDRESS	18102 W. DIXIE HIGHWAY	
CITY-ST-ZIP	N. MIAMI BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Burke, Christine	
1.3 STREET ADDRESS	20860 San Simeon Way #202	
1.4 CITY-ST-ZIP	N.M.B., FL 33179	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Block, Bernie	
2.3 STREET ADDRESS	20860 San Simeon Way #209	
2.4 CITY-ST-ZIP	N.M.B., FL 33179	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Le Blanc, Joan	
3.3 STREET ADDRESS	20850 San Simeon Way #608	
3.4 CITY-ST-ZIP	N.M.B., FL 33179	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Maiorca, Sam	
4.3 STREET ADDRESS	20850 San Simeon Way #204	
4.4 CITY-ST-ZIP	N.M.B., FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Meade, Patricia	
5.3 STREET ADDRESS	20850, San Simeon Way #306	
5.4 CITY-ST-ZIP	NMB FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Levine, Meyer	
6.3 STREET ADDRESS	18102 W. Dixie Hwy	
6.4 CITY-ST-ZIP	N.M.B., FL	

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 _____ DATE 4-24-97 (305) 653-9540

CR2E037 (9/96)