


FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 ROBERTS MGT & REALTY 1840 NE 153RD ST N MIAMI BCH FL 33162 US	C/O ROBERTS MGMT & REALTY 1840 NE 153RD ST N MIAMI BEACH FL 33162 US

3. Date Incorporated or Qualified	01/09/1981
4. FEI Number	58-2050352
Applied For	Not Applicable

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 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" 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

9. Name and Address of Current Registered Agent	
ROBERTS MANAGEMENT 1840 NE 153 ST N MIAMI BEACH FL 33162	

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
FL	

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	D <input type="checkbox"/> DELETE
NAME	BURKE, CHRISTINE
STREET ADDRESS	20860 SAN SIMEON WAY #202
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	BLOCK, BERNIE
STREET ADDRESS	20860 SAN SIMEON WAY #209
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	LE LBANC, JOAN
STREET ADDRESS	20850 SAN SIMEON WAY #608
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	MAIORCA, SAM
STREET ADDRESS	20850 SAN SIMEON WAY #204
CITY-ST-ZIP	N MIAMI BEACH FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MEADE, PATRICIA
STREET ADDRESS	20850 SAN SIMEON WAY, #306
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	SAM SMITH
1.3 STREET ADDRESS	20850 SAN SIMEON WAY #103
1.4 CITY-ST-ZIP	N MIAMI BEACH, FL
2.1 TITLE	D <input checked="" 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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ALAN BRICOURT
5.3 STREET ADDRESS	20850 SAN SIMEON WAY #404
5.4 CITY-ST-ZIP	N MIAMI BEACH, FL
6.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 **SAM MAIORCA**

SIGNATURE: *[Signature]* Date: **April 27 1998** **305947-3999**

CR2E037 (10/97)