

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90113 044 ****61.25

DOCUMENT # 755828

1. Corporation Name

LAKE VIEW OF THE CALIFORNIA CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

C/O ROBERTS MGT & REALTY
1840 NE 153RD ST
N MIAMI BCH FL 33162
US

Mailing Address

C/O ROBERTS MGMT & REALTY
1840 NE 153RD ST
N MIAMI BEACH FL 33162
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

3. Date Incorporated or Qualified

01/09/1981

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERTS MANAGEMENT
1840 NE 153 ST
N MIAMI BEACH FL 33162

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

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 ☒ DELETE
NAME **D**
STREET ADDRESS **BURKE, CHRISTINE**
CITY-STATE-ZIP **20860 SAN SIMEON WAY #202**
N MIAMI BEACH FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **UP**
1.4 CITY-STATE-ZIP **HILLAN BRICOURT**
20860 SAN SIMEON WAY
N. MIAMI BEACH, FL

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **BLOCK, BERNIE**
CITY-STATE-ZIP **20860 SAN SIMEON WAY #209**
N. MIAMI BEACH FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **PAT MERBE**
2.4 CITY-STATE-ZIP **20860 SAN SIMEON WAY**
N. MIAMI BEACH, FL

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **LE LBANC, JOAN**
CITY-STATE-ZIP **20850 SAN SIMEON WAY #608**
N MIAMI BEACH FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **AUBREY MOUTREY**
3.4 CITY-STATE-ZIP **20860 SAN SIMEON WAY**
N. MIAMI BEACH, FL

TITLE ☒ DELETE
NAME **PD**
STREET ADDRESS **MAIORCA, SAM**
CITY-STATE-ZIP **20850 SAN SIMEON WAY #204**
N MIAMI BEACH FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **JOSELO MARCHESINI**
4.4 CITY-STATE-ZIP **20860 SAN SIMEON WAY**
N. MIAMI BEACH, FL

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SMITH, SAM**
CITY-STATE-ZIP **20850 SAN SIMEON WAY #103**
N MIAMI BEACH FL

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **P**
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME **VD**
STREET ADDRESS **LEVINE, MEYER**
CITY-STATE-ZIP **18102 W DIXIE HIGHWAY**
N. MIAMI BEACH FL

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME **D**
6.3 STREET ADDRESS
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99
Date

Daytime Phone #

CR2E037 (11/98)

0033219