

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 755828

1. Entity Name

LAKE VIEW OF THE CALIFORNIA CLUB CONDOMINIUM ASS

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2050352

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROBERTS MANAGEMENT
1840 NE 153 ST
N MIAMI BEACH FL 33162

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURKE, CHRISTINE	
STREET ADDRESS	20860 SWN SIMEON WAY	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MEADE, PAT	
STREET ADDRESS	20860 SAN SIMEON WAY	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	LE LBANC, JOAN	
STREET ADDRESS	20850 SAN SIMEON WAY #608	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOULTREY, AUDREY	
STREET ADDRESS	20860 SAN SIMEON WAY	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SMITH, SAM	
STREET ADDRESS	20850 SAN SIMEON WAY #103	
CITY-ST-ZIP	N MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TORRES, SUZANNE	
STREET ADDRESS	20860 SAN SIMEON WAY	
CITY-ST-ZIP	MIAMI FL 33179	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Pat Mead	
STREET ADDRESS	20850 San Simeon Way	
CITY-ST-ZIP	N. Miami Bch, FL	
TITLE	V-Judy Dubowski	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Dubowski	
STREET ADDRESS	20850 San Simeon Way	
CITY-ST-ZIP	N. Miami Bch, FL	
TITLE	S-Ruth Nassi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ruth Nassi	
STREET ADDRESS	20850 San Simeon Way	
CITY-ST-ZIP	N. Miami Bch, FL	
TITLE	T Joan LeBlanc	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joan LeBlanc	
STREET ADDRESS	20850 San Simeon Way	
CITY-ST-ZIP	N. Miami Bch, FL	
TITLE	D Julian Britt	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Julian Britt	
STREET ADDRESS	20850 San Simeon Way	
CITY-ST-ZIP	N Miami Bch, FL	
TITLE	D Isaac Miller	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Isaac Miller	
STREET ADDRESS	20850 San Simeon Way	
CITY-ST-ZIP	N Miami Bch, FL	

12. 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 report or supplemental 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, trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)