

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90285 017 \*\*\*\*61.25

<b>DOCUMENT # 755828</b> 1. Entity Name <b>LAKE VIEW OF THE CALIFORNIA CLUB CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>3300 UNIVERSITY DRIVE #405</b> <b>CORAL SPRINGS, FL 33065 US</b>		Mailing Address <b>3300 UNIVERSITY DRIVE #405</b> <b>CORAL SPRINGS, FL 33065 US</b>	
2. Principal Place of Business <b>11784 W. Sample Rd</b> Suite, Apt. #, etc.		3. Mailing Address <b>11784 W. Sample Rd</b> Suite, Apt. #, etc.	
City & State <b>Coral Springs FL</b> Zip <b>33065</b> Country		City & State <b>Coral Springs FL</b> Zip <b>33065</b> Country	
4. FEI Number <b>59-2050352</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>UNITED COMMUNITY MANAGEMENT CORP</b> <b>3300 UNIVERSITY DRIVE #405</b> <b>CORAL SPRINGS, FL 33065</b>		7. Name and Address of New Registered Agent Name <b>United Community Mgmt Corp.</b> Street Address (P.O. Box Number is Not Acceptable) <b>11784 W. Sample Rd.</b> City <b>Coral Springs</b> <b>FL</b> Zip Code <b>33065</b>	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Donie Kattawar, United Comm Mgmt U.P. Finance</i></u> <b>3/4/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE	<b>D</b> <b>SMITH, SAMUEL</b> <input type="checkbox"/> Delete <b>20850 SAN SIMEON WAY #103</b> <b>MIAMI, FL 33179</b>	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>PD</b> <b>SOTOMAYOR, JAYNE</b> <input type="checkbox"/> Delete <b>20860 SAN SIMEON WAY #106</b> <b>MIAMI, FL 33179</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>TD</b> <b>LABONTE, THOMAS</b> <input type="checkbox"/> Delete <b>20860 SAN SIMEON WAY #306</b> <b>MIAMI, FL 33179</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>SD</b> <b>MEAD, PATRICIA</b> <input type="checkbox"/> Delete <b>20850 SAN SIMEON WAY, #306</b> <b>MIAMI, FL 33179</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>VD</b> <b>TORRES, SUSAN</b> <input type="checkbox"/> Delete <b>20850 SAN SIMEON WAY #503</b> <b>MIAMI, FL 33179</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>D</b> <b>MILLER, ISSAC</b> <input type="checkbox"/> Delete <b>20850 SAN SIMEON WAY, #105</b> <b>MIAMI, FL 33179</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE	<b>D</b> <b>Bratt, Julian</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>P.O. Box 415941</b> <b>Miami Beach, FL 33141</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 or 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.			
<b>SIGNATURE:</b> <u><i>Thomas W. LaBarte</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u><i>03/14/05 305-690-4851</i></u> <small>Date Daytime Phone #</small>	
<u><i>Thomas W. LaBarte</i></u>			