


FILED
Apr 29, 2008 8:00 am
Secretary of State

4000000000

DOCUMENT # 755828

1. Entity Name
LAKE VIEW OF THE CALIFORNIA CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
11784 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

Mailing Address
11784 W SAMPLE RD
CORAL SPRINGS, FL 33065 US

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

ZipCountry

3. Mailing Address

Suite, Apt. #, etc.

City & State

ZipCountry

4. FEI Number
59-2050352

Applied For
Not Applicable

5. Certificate of Status Desired

04022008Chg-NPCR2E037 (12/06)

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
UNITED COMMUNITY MANAGEMENT CORP
11784 W SAMPLE RD
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
CityFLZip 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

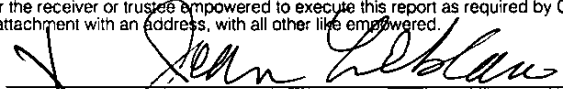
10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SCHOB, WILLIAM 20860 SAN SIMEON WAY 409 MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD LEFKOWITZ, SUSAN 20850 SAN SIMEON WAY MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD TORRES, SUZANNE 20850 SAN SIMEON WAY #503 MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, ISSAC 20850 SAN SIMEON WAY, #105 MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	JOAN LEBLANC 20850 SAN SIMEON WAY, #603 MIAMI, FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #