

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91210 026 ****61.25

DOCUMENT # 755828

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



Principal Place of Business
**12323 SW 55 ST
STE 1002
COOPER CITY FL 33330
US**

Mailing Address
**12323 SW 55 ST
STE 1002
COOPER CITY FL 33330
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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANDMARK MANAGEMENT SERVICES
12323 SW 55 ST
STE 1002
COOPER CITY FL 33330**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

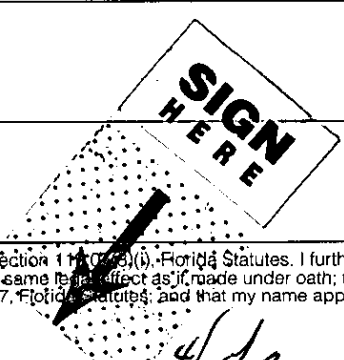
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MARKS, FRANK	
STREET ADDRESS	20840 SAN SIMEON WAY #109	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	T	<input type="checkbox"/> Delete
NAME	SMITH, DORIS	
STREET ADDRESS	20840 SAN SIMEON WAY #504	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	GERALD, SHEILA	
STREET ADDRESS	20840 SAN SIMEON WAY #301	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FERRIN, REGINA	
STREET ADDRESS	20840 SAN SIMEON WAY #609	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	GONI, GUSTAVO	
STREET ADDRESS	20840 SAN SIMEON WAY #502	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRIN, ROBERT	
STREET ADDRESS	20840 SAN SIMEON WAY #708	
CITY-ST-ZIP	MIAMI, FL 33179	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.03(1), 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: *Wanda M. Smith*



4/15/03

CR2E037 (10/02)