AMENDED

04-28-2003 91435 030 ****61.25

FILED 755828

03 MAY 13 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

90112221

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

DOCUMENT # 755828

1. Entity Name
Lakeview of the California Club Condominium Association, Ine

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3300 University Drive # 405	3300 University Drive # 405
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, Fl.	City & State: Coral Springs, FL
Zip: 33065 Country: USA	Zip: 33065 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2050352 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: United Community Management Corp

Street Address (P.O. Box Number is Not Acceptable): 3300 University Drive # 405

City: Coral Springs FL Zip Code: 33065

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: UNITED Community Mgt Corp by [signature] DATE: 4/24/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 Initial or Amended UBR

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Smith, Samuel 20850 San Simeon Way # 103 Miami, Fl. 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD Sotomayor, Jayne 20860 San Simeon Way # 106 Miami, Fl. 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Labonte, Thomas 20860 San Simeon Way #306 Miami, Fl. 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Nassi, Ruth Goldstein 20850 San Simeon Way #301 Miami, Fl. 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Torres, Susan 20850 San Simeon Way #503 Miami, Fl. 33179
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Block, Bernard 20860 san Simeon Way # 209 Miami, Fl 33179
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DO NOT WRITE IN THIS SPACE

4/25/13

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas W. LaBonte 04-13-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #