

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 AM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L20792 (2)

1. Corporation Name

LAKEVIEW CLUB APARTMENTS, INC.

Principal Place of Business

4675 PONCE DE LEON BLVD. STE 302
CORAL GABLES FL 33146
US

Mailing Address

4675 PONCE DE LEON BLVD. STE 302
CORAL GABLES FL 33146
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/05/1989

3a. Date of Last Report
05/01/1994

4. FEI Number
65-0250257

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. Does corporation have liabilities for any other law (chapter 48, 100, 619)
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

22 State Apt # etc.

27 State Apt # etc.

23 City & State

28 City & State

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NILES, D. JUSTIN
7777 GLADES ROAD, SUITE 309
BOCA RATON FL 33434**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0607 and 607.1508 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sec 607.0609 Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director or Officer)

(Signature of Registered Agent or Director or Officer)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12a. NAME
**PTD
JENNINGS, MILTON S.
4675 PONCE DE LEON BLVD, STE 302
CORAL GABLES FL**

12b. NAME
**DVS
ECKROADE, CAROLYN E.
4675 PONCE DE LEON BLVD, STE 302
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12c. NAME
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation stated in law book 1995 (b) Florida Statutes. I further certify that the information furnished in this annual report or supplement, printed report or filing and in this certificate and that any corporation shall have the same legal effect as if made under oath. That this information is filed for the corporation in the name of the officer or director empowered to execute this report as required by Chapter 1995 Florida Statutes and that the name and name of the officer or director is being filed in accordance with the address.

SIGNATURE:

Carolyn E. Eckroade, U.P.
SIGNATURE AND TYPE (ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/20/95 (305) 661-0055