

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

4. FEI Number
65-0250257

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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business
21 9301 S. W. 92nd. Ave.
Suite, Apt. #, etc.
22 Unit A
City & State
23 Miami, FL 33176
Zip
24 33176
Country
25 USA

2a. Mailing Address
26 9301 S. W. 92nd. Ave.
Suite, Apt. #, etc.
27 Unit A
City & State
28 Miami, FL 33176
Zip
29 33176
Country
30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
9301 S. W. 92nd. Ave.
83 Unit A
84 City
Miami, FL 85 Zip Code
33176

11. Pursuant to the provisions of Sections 607.0502 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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and filed applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PTD	JENNINGS, MILTON S.	4675 PONCE DE LEON BLVD, STE 302	CORAL GABLES FL	<input type="checkbox"/>
DVS	ECKROADE, CAROLYN E.	4675 PONCE DE LEON BLVD, STE 302	CORAL GABLES FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	1.5 DELETE
		9301 S. W. 92nd. Ave., Unit A	Miami, Florida 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		9301 S. W. 92nd. Ave., Unit A	Miami, Florida 33176	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Sandra B. Mortham* 4/78/98 (205) 273-7355

CR2E034 (10/97)