

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007129

FILED
Apr 29, 2003
Secretary of State

Entity Name: LAKE VIEW SUBDIVISION HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O JEFFREY BERROW, BERROW & RADELL, P.A.
STE 800, 200 S BISCAYNE BLVD
MIAMI BEACH, FL 33131

New Principal Place of Business:

Current Mailing Address:

C/O JEFFREY BERROW, BERROW & RADELL, P.A.
STE 800, 200 S BISCAYNE BLVD
MIAMI BEACH, FL 33131

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BERROW, JEFFREY ESQ
C/O JEFFREY BERROW, BERROW & RADELL, P.A.
STE 800, 200 S BISCAYNE BLVD
MIAMI BEACH, FL 33131

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SCHMIDT, GLENN
Address: 740 W 49 ST
City-St-Zip: MIAMI BEACH, FL

Title: VD () Delete
Name: ZAMBOLI, JENNIFER
Address: 4805 CHEROKEE AVE
City-St-Zip: MIAMI BEACH, FL

Title: SD () Delete
Name: DREILING, MARY
Address: 580 LAKVIEW DR
City-St-Zip: MIAMI BEACH, FL

Title: TD () Delete
Name: SPIEGEL, HENRI
Address: 790 W 49 ST
City-St-Zip: MIAMI BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN SCHMIDT

MR.

04/29/2003

Electronic Signature of Signing Officer or Director

_____ Date