

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90026 032 ****61.25

DOCUMENT # N43384

1. Entity Name
LAKEVIEW TOWNHOMES AT THE CALIFORNIA CLUB
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
4800 N. STATE RD. #7
105
LAUDERDALE LAKES, FL 33319 US

Mailing Address
4800 N. STATE RD. #7
105
LAUDERDALE LAKES, FL 33319 US

2. Principal Place of Business - No P.O. Box #
P.O. Box 4255
Suite, Apt. #, etc.
20810 SAN SIMON WAY
City & State NMB FL 33107
HALLANDALE BCH

3. Mailing Address
P.O. Box 4255
Suite, Apt. #, etc.
HALLANDALE BCH FL
City & State
Zip 33008 Country BROWARD

40022100



01112008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0260339

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MARS, GARY
150 WEST FLAGLER ST
27TH FLOOR
MIAMI, FL 33130

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

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	T	<input type="checkbox"/> Delete
NAME	BODEK, LORRAINE	
STREET ADDRESS	20834 SAN SIMEON WAY, #63B	
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREEDMAN, HARRIS	
STREET ADDRESS	20826 SAN SIMON WAY # 56	
CITY - ST - ZIP	MIAMI, FL 33179	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	ALEXANDER, DIANE	
STREET ADDRESS	20834 SAN SIMON WAY #70	
CITY - ST - ZIP	NORTH MIAMI BEACH, FL 33179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SECRETARY / TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPURSO, JOHN	
STREET ADDRESS	20834 SAN SIMEON WAY #64	
CITY - ST - ZIP	NORTH MIAMI BCH 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		
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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Lorraine Bodek

3-10-2008