

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43384

FILED
Mar 27, 2009
Secretary of State

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

Current Principal Place of Business:

PO BOX 4255
20810 SAN SIMEON WAY
MIAMI, FL 33178 US

New Principal Place of Business:

20810 SAN SIMEON WAY
MIAMI, FL 33178 US

Current Mailing Address:

PO BOX 4255
HALLANDALE, FL 33008 US

New Mailing Address:

20810 SAN SIMEON WAY
MIAMI, FL 33178 US

FEI Number: 65-0260339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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: T () Delete
Name: BODEK, LORRAINE
Address: 20834 SAN SIMEON WAY, #63B
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP () Delete
Name: FREEDMAN, HARRIS
Address: 20826 SAN SIMON WAY # 56
City-St-Zip: MIAMI, FL 33179

Title: ST () Delete
Name: CAPURSO, JOHN
Address: 20834 SAN SIMEON WAY #64
City-St-Zip: MIAMI, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BODEK, LORRAINE
Address: 20834 SAN SIMEON WAY, #63B
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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 exemption stated 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 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: LORRAINE BODEK

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date