

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90015 038 \*\*\*\*61.25

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>DOCUMENT # N94000003048</b><br>1. Entity Name<br><b>LAKEVIEW TOWNHOMES AT UNIVERSITY PARK ASSOCIATION, PARCEL 11, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      |                                                                                                                                                                                                                                      |                                                                                                                                             |
| Principal Place of Business<br><b>2200 S.W. 84TH AVE.<br/>MIRAMAR, FL 33025</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                      | Mailing Address<br><b>C/O D.C.I.<br/>2035 HARDING STREET #200<br/>HOLLYWOOD, FL 33020</b>                                                                                                                                            |                                                                                                                                             |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | 3. Mailing Address<br><i>C/O Allied Property Mgmt Group</i><br>Suite, Apt. #, etc.<br><i>P.O. Box 221674</i><br>City & State<br><i>West Palm Beach, FL</i>                                                                           |                                                                                                                                             |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      | City & State<br><i>West Palm Beach, FL</i>                                                                                                                                                                                           |                                                                                                                                             |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                      | 4. FEI Number<br><b>65-0562560</b>                                                                                                                                                                                                   |                                                                                                                                             |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      | Country                                                                                                                                                                                                                              |                                                                                                                                             |
| Zip<br><b>33422</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      | Country                                                                                                                                                                                                                              |                                                                                                                                             |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                      | <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                |                                                                                                                                             |
| 6. Name and Address of Current Registered Agent<br><br><b>STRAWLEY, STEPHEN J<br/>2699 STIRLING RD STE C207<br/>FORT LAUDERDALE, FL 33312</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                      | 7. Name and Address of New Registered Agent<br>Name <b>STRALEY + OTTO P.A.</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><i>2699 Stirling Rd Suite C-207</i><br>City <b>Hollywood</b> <b>FL</b> Zip Code <b>33312</b> |                                                                                                                                             |
| 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 <b>STRALEY + OTTO P.A.</b> DATE <b>4/14/2008</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                                                                                                                                                                                                                                      |                                                                                                                                             |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                                                                                                  |                                                                                                                                             |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                      |                                                                                                                                                                                                                                      |                                                                                                                                             |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                                                                                         |                                                                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>ASHLEY, CRAIG<br>8431 SW 23RD CRT<br>MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | PD<br>WALTERS, LINDA<br>8449 SW 23RD CRT<br>MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | TD<br>CHIN, DIANE<br>2351 SW 84 TERR<br>MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | VP<br>BURGOS, JUAN<br>8466 SW 23RD CRT<br>MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | SD<br>BROWN, KARLENE<br>2351 SW 83 AVE.<br>MIRAMAR, FL 33025 <input checked="" type="checkbox"/> Delete              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | SD<br>SMITH, DEANN<br>2260 SW 84th WAY<br>MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | D<br>WALLACE-MORRISON, BARBARA<br>2341 SW 83RD AVE<br>HOLLYWOOD, FL 33025 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | TD<br>PEARSON, NORENA<br>8316 SW 23RD CRT<br>MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | D<br>White, Linda<br>2261 SW 83rd Ave<br>MIRAMAR, FL 33025 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete                                                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                           |
| 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: <i>Linda Walters</i> DATE: <b>4-20-08</b> DAYTIME PHONE: <b>3053426023</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                      |                                                                                                                                                                                                                                      |                                                                                                                                             |