

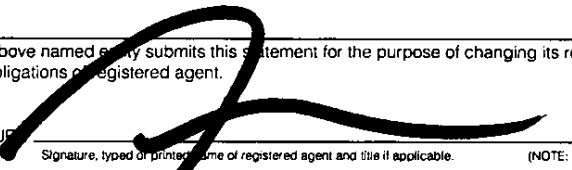
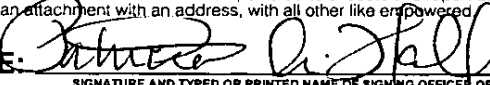


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90198 025 ****61.25

DOCUMENT # N98000002883					
1. Entity Name LAKEVIEW TOWN HOMES AT UNIVERSITY PARK ASSOCIATION, PHASE II, INC.					
Principal Place of Business 2200 NW CORPORATE BLVD. SUITE 401 BOCA RATON, FL 33431			Mailing Address 2200 NW CORPORATE BLVD. SUITE 401 BOCA RATON, FL 33431		
2. Principal Place of Business - No P.O. Box # c/o PHOENIX mgmt		3. Mailing Address c/o Phoenix mgmt			
Suite, Apt. #, etc. 4800 N. STATE RD. 7 Ste 105		Suite, Apt. #, etc. 4800 N state Rd 7 Ste#105		04042007 Chg-NP CR2E037 (12/06)	
City & State Lauderdale Lakes FL		City & State Lauderdale Lakes FL		4. FEI Number 65-0918400	
Zip 33319		Country U.S.A.		Applied For Not Applicable	
Zip 33319		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HCM CORP. 2200 NW CORPORATE BLVD. SUITE 401 BOCA RATON, FL 33431				7. Name and Address of New Registered Agent Name Street Address City	
				The Law Offices of Katzman & Korr, P.A. 1501 Northwest 49 th Street, Suite 202 Fort Lauderdale, Florida 33309	
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: 				FERREN L. KORR 4-17-07	
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating) DATE	
Filing Fees \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete PARRIS, LEROY 2200 NW CORPORATE BLVD., STE 401 BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete NETTO, CHERYL PO BOX 489 FT. LAUDERDALE, FL 33302				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete THORNHILL, TERRENCE 2200 NW CORPORATE BLVD., STE 401 BOCA RATON, FL 33431				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME PRESIDENT STREET ADDRESS RODNEY RONALD CITY-ST-ZIP 8595 SW 23 COURT MIRAMAR, FL 33025					
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME VICE-PRESIDENT STREET ADDRESS LDGAN, LANA CITY-ST-ZIP 1020 PEMBRIDGE ROAD #106 MIRAMAR, FL 33025					
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME TREASURER STREET ADDRESS HALL, PATRICIA CITY-ST-ZIP 8556 SW 23 COURT MIRAMAR, FL 33025					
TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME SECRETARY STREET ADDRESS WILLIAMS-WALKER, TAMEKA CITY-ST-ZIP 8380 SW 23 COURT MIRAMAR, FL 33025					
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:  PATRICIA A. HALL 4/11/07 (954) 435-4842					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					