2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #769009



FILED May 23, 2005 8:00 am Secretary of State

Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Foe Required Fee Required	LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "A" ASSOCIATION, INC.					05-23-2005 900	003 039 ****6	61.25
2. Principal Place of Business Suite. Apt. 4. etc. Suite. Apt. 4. etc. Suite. Apt. 4. etc. Suite. Apt. 4. etc. Suite. Apt. 5. etc. City & State Country Society A Country Society B Country A Country Society B Country A Country Society B Country Society Society City FL Street Address of New Registered Agent TRIAY, CARLOS	C/O MIAMI MANAGEMENT, INC. C/O MIAMI MANAGEMENT, INC. 14275 W 142 AVE 1427L5 SW 142 AVE					5 566	56666	D.£
City & State City & State City & State City & State Country Zip Country Zip Country Zip Country E. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent	2. Principal Place of Business 3. Ma		3. Mailing Address	Mailing Address		,,,500	, 0 0 0 0	Du
Specific control Specific co	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		ng-NP CR	2E037 (10/03)	
Signature Signature Triangly Cartious and Address of Current Registered Agent Triangly Cartious 275 STE-103 State 100 Doral, Florida 33178 Triangly Cartious 275 STE-103 State 100 Doral, Florida 33178 Triangly Cartious of registered agent. Signature Sign	City & State		City & State					
TRIALY, CARLOS 16570 HWY 279T 57E-103- MIAMI, FL 33172 3750 N.W. 87th Avenue Suite 100 Doral, Florida 33178 City FL Zip Code City Ci	Zip	Country	Zip	Country	5. Certificate of Str	atus Desired		
TRIAY, CARLOS		6. Name and Address of Current F	legistered Agent		7. Name and Add	ress of New Registe	red Agent	
Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) Size Address (P.O. Box Number is Not Acceptable) City FL Zip Code a. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature: Signatur	TOIAY CA	DIOC		Name		_		
E. 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 farmillar with, and accept the obligations of registered agent. SIGNATURE Signature Topic Topic	-10570 NW 27ST STE-103 Suite 100		100	Street Addre	ss (P.O. Box Number is Not Acceptable)			
SIGNATURE Signature typed or printed name of registered agent and the # applicable (NOTE: Registered Agent signature required when reinistating) DATE				City			FL Zip Code	e
SIGNATURE Signature typed or phread name of registered agent and the # applicable. (NOTE: Registered Agent signature required when reinstating) DATE			the purpose of changing its re	egistered office or reg	gistered agent, or both, in	the State of Florida.	l am familiar with	and accept
Filling Fee is \$61.25 Due by September 7, 2005 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INTEL INTE								
Due by September 7, 2005 Trust Fund Contribution.	SIGNATURE .		nd title if applicable. (NOTE:	Registered Agent signature re	equired when reinstating)	D.	ATE	
TITLE NAME LINZE, MARLYN 9727 HAMMOCKS BLVD #206 GTY-ST-ZP MIAMI, FL 33196 TITLE DT LUAICES, CESAR STRET ADDRESS GTY-ST-ZP MIAMI, FL TITLE DL TITLE DS GTY-ST-ZP MIAMI, FL 33196 TITLE DS GTY-ST-ZP MIAMI, FL 33196 TITLE DS CTY-ST-ZP MIAMI, FL 33196 TITLE DC CHange Addition Addition Addition Addition Addition Addition Addition Addition ADDITION AMME ANDERSON, ROBERT TITLE D ANDERSON, ROBERT TITLE D Change Addition Addition Addition ADDITION AMME ANDERSON, ROBERT TITLE D Change Addition Addition Addition Addition Addition ANDERSON, ROBERT TITLE DAMME ANDERSON, ROBERT TITLE DAMME ADDITION ANDERSON, ROBERT TITLE DAMME ADDITION ANDERSON ADDITION ANDERSON ADDITION ANDERSON ADDITION ADDITION ANDERSON ADDITION ANDERSON ADDITION ADDITION ANDERSON ADDITION ADDITION ADDITION ANDERSON ADDITION	!							
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NAME LINZE, MARLYN STREET ADDRESS CITY-ST-ZPP MIAMM, FL 33196 TILE DS Delete TITLE D CHange Addition NAME O'LEARY, ROSEMARY STREET ADDRESS CITY-ST-ZPP MIAMM, FL 33196 TILE D D CHANGE STREET ADDRESS CITY-ST-ZPP MIAMM, FL 33196 TITLE D D CHANGE STREET ADDRESS CITY-ST-ZPP MIAMM, FL 33196 TITLE D CHANGE STREET ADDRESS CITY-ST-ZPP MIAMM, FL 33196 TITLE D CHANGE STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZPP CORAL GABLES, FL 33146 TITLE D CORAL GABLES, FL 33146 TITLE D CHANGE CITY-ST-ZPP MIAMM, FL 33196 TITLE D CORAL GABLES, FL 33146 TITLE D CORAL GABLES, FL 33146 TITLE D CHANGE CITY-ST-ZPP MIAMM, FL 33196 TITLE D CORAL GABLES, FL 33146 TITLE D CHANGE CITY-ST-ZPP MIAMM, FL 33196	10. TITLE NAME STREET ADDRESS	OFFICERS AND DIR OFFICERS AND DIR DP LINZE, MARLYN 9727 HAMMOCKS BLVD #206	Trust Fund Co	11. TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG PD Riggs, Larry 9731 Hammocks Bl	Florida Do	epartment of SI	tate
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NAME ANDERSON, ROBERT NAME	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	DP LINZE, MARLYN 9727 HAMMOCKS BLVD #206 MIAMI, FL 33196 DT LUAICES, CESAR 9703 HOWARDS BLVD #103 MIAMI, FL D LINZE, MARLYN 9727 HAMMOCKS BLVD # 205 MIAMI, FL 33196 DS O'LEARY, ROSEMARY 9725 HAMMOCKS BLVD #106	Trust Fund Co	ITILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANGI PD Riggs, Larry 9731 Hammocks Bi- Miami, FL 33196 SD Jimenez De Young, 9731 Hammocks Bi- Miami, FL 33196 TD Saavedra, Pedro 8407 SW 137 Aven Miami, FL 33183 D Leftwich, Jed 9707 Hammocks Bi-	Florida Do ES TO OFFICERS AN vd. #B-206 Carla vd. #B-207	epartment of SI DIRECTORS IN Change Change Change	tate 1 10 ▼ Addition ▼ Addition
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curate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if like empowered. of the corporation or the receiver of fusite empower changed, or on an attachment with an address, with