


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

05-23-2005 90003 039 ****61.25

DOCUMENT # 769009

1. Entity Name
LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "A" ASSOCIATION, INC.



Principal Place of Business
**C/O MIAMI MANAGEMENT, INC.
 14275 W 142 AVE
 MIAMI, FL 33186 US**

Mailing Address
**C/O MIAMI MANAGEMENT, INC.
 1427L5 SW 142 AVE
 MIAMI, FL 33186 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

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05042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2304738

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

TRIAI, CARLOS
~~10570 NW 27ST STE 103~~
~~MIAMI, FL 33172~~

3750 N.W. 87th Avenue
 Suite 100
 Doral, Florida 33178

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by September 7, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LINZE, MARLYN 9727 HAMMOCKS BLVD #206 MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Riggs, Larry 9731 Hammocks Blvd. #B-206 Miami, FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LUAICES, CESAR 9703 HOWARDS BLVD #103 MIAMI, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Jimenez De Young, Carla 9731 Hammocks Blvd. #B-207 Miami, FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINZE, MARLYN 9727 HAMMOCKS BLVD # 205 MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Saavedra, Pedro 8407 SW 137 Avenue Miami, FL 33183	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS O'LEARY, ROSEMARY 9725 HAMMOCKS BLVD #106 MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Leftwich, Jed 9707 Hammocks Blvd. #N-107 Miami, FL 33196	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOVEKORN, HENRY 515 LUENGA AVE CORAL GABLES, FL 33146	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Luiaces, Cesar 9703 Hammocks Blvd. # P-103 Miami, FL 33196	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ROBERT 9723 HAMMOCKS BLVD #104 MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: *Larry K Riggs* **5-13-05 (305) 378-0130**

Signature and typed or printed name of signing officer or director Date Daytime Phone #