
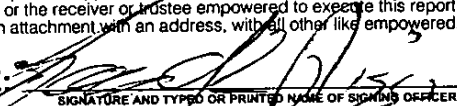


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

04-12-2006 90094 001 \*\*\*\*61.25

<b>DOCUMENT # 769009</b>							
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		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2304738			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TRIAI, CARLOS 3750 NW 87TH AVE STE 100 MIAMI, FL 33178			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 _____ DATE _____ <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 Due by May 1, 2006</b>		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RIGGINS, LARRY		NAME				
STREET ADDRESS	9731 HAMMOCKS BLVD #B-206		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP				
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	JIMENEZ DE YOUNG, CARLA		NAME				
STREET ADDRESS	9731 HAMMOCKS BLVD #B-207		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SANVEDRA, PEDRO		NAME				
STREET ADDRESS	8407 SW 137TH AVE		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33182		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LEFTWICH, JED		NAME				
STREET ADDRESS	9707 HAMMOCKS BLVD #N-107		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	LUSICCS, CESAR		NAME				
STREET ADDRESS	9703 HAMMOCKS BLVD #P-103		STREET ADDRESS				
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: 			Date: 4/4/06 Daytime Phone #: 305 328 0130				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							