

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

03-04-2002 90031 003 ****61.25

DOCUMENT # 769569

1. Entity Name

LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "C" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

MIAMI MANAGEMENT, INC
 175 SW 142 AVE
 MIAMI FL 33188

C/O MIAMI MANAGEMENT, INC
 14275 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

Zip

Country

Zip

Country

4. FEI Number

59-2314397

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~Friday, Carlos~~
TRIVAY, CARLOS
 10570 NW 27 ST
 SUITE 103
 999 PONCE DE LEON BLVD
 STE 1110
 CORAL GABLES FL 33146
 Miami, FL 33172

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RIGGS, LARRY	
STREET ADDRESS	9731 HAMMOCKS BLVD., B206	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KLOVEKORN, HANK	
STREET ADDRESS	9715 HAMMOCKS BLVD # 202	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUSICES, CESA	
STREET ADDRESS	9703 HAMMOCKS BLVD., #103	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LINZE, MARLYN	
STREET ADDRESS	9929 HAMMOCK BLVD #205	
CITY-ST-ZIP	MIAMI FL 33198	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	De Young Carla	
STREET ADDRESS	9731 Hammocks Blvd #207	
CITY-ST-ZIP	Miami, FL 33196	
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		
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 exemption stated in Section 119.07(3)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-02 305-378-0130

Date

Daytime Phone #

CR2E037 (9/01)