
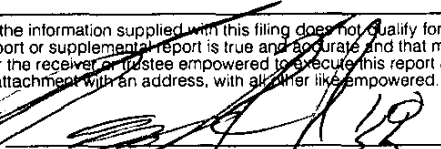


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90004 006 ****61.25

DOCUMENT # 769569						
1. Entity Name LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "C" ASSOCIATION, INC.						
Principal Place of Business C/O MIAMI MANAGEMENT, INC 14275 SW 142 AVE MIAMI, FL 33186 US		Mailing Address C/O MIAMI MANAGEMENT, INC 14275 SW 142 AVE MIAMI, FL 33186 US				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	01042007 Chg-NP CR2E037 (12/06) 4. FEI Number 59-2314397 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td>Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table>	Applied For	Not Applicable
Applied For						
Not Applicable						
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 10570 NW 27 ST. STE 103 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. 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>						
Filing Fee Is \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD <input type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	RIGGS, LARRY	NAME	Gray, Russell			
STREET ADDRESS	9731 HAMMOCKS BLVD., #B-206	STREET ADDRESS	9723 Hammocks Blvd. #G-203			
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	Miami, FL 33196			
TITLE	TD <input type="checkbox"/> Delete	TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SAAVEDRA, PEDRO	NAME	Saavedra, Pedro			
STREET ADDRESS	8407 SW 137TH AVE	STREET ADDRESS	8407 SW 137 Avenue			
CITY-ST-ZIP	MIAMI, FL 33183	CITY-ST-ZIP	Miami, FL 33183			
TITLE	D <input type="checkbox"/> Delete	TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LEFTWICH, JED	NAME	Leftwich, Jed			
STREET ADDRESS	9707 HAMMOCKS BLVD., #N-107	STREET ADDRESS	9707 Hammocks Blvd. #N-107			
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	Miami, FL 33196			
TITLE	VPD <input type="checkbox"/> Delete	TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LUAICES, CESAR	NAME	Luaices, Cesar			
STREET ADDRESS	9703 HAMMOCKS BLVD., P-103	STREET ADDRESS	9703 Hammocks Blvd. # P-103			
CITY-ST-ZIP	MIAMI, FL 33196	CITY-ST-ZIP	Miami, FL 33196			
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				
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: 2/08/07		Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						

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