

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769570 (3)

1. Corporation Name

LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "B" ASSOCIA
TION, INC.



Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT, INC
14275 SW 142 AVE
MIAMI FL 33186
US

C/O MIAMI MANAGEMENT, INC
14275 SW 142 AVE
MIAMI FL 33186
US

3. Date Incorporated or Qualified

07/18/1983

3a. Date of Last Report

03/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2314399

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRIAY, CARLOS
999 PONCE DE LEON BLVD
#1110
CORAL GABLES FL 33196

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RIGGS, LARRY
STREET ADDRESS 9731 HAMMOCKS BLVD., B206
CITY-ST-ZIP MIAM FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD
NAME KLOVEKORN, HANK
STREET ADDRESS 9715 HAMMOCKS BLVD., I206
CITY-ST-ZIP MIAMI FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD
NAME NORMAN, CONNIE
STREET ADDRESS 9725 HAMMOCKS BLVD., F101
CITY-ST-ZIP MIAMI FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D
NAME GARY, RUSS
STREET ADDRESS 9723 HAMMOCKS BLVD., G203
CITY-ST-ZIP MIAMI FL

☒ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)