2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 769570

Entity Name: LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "B" ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2314399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIAY, CARLOS
13570 NW 27TH STREET
SUITE 103
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

TRIAY, CARLOS
2301 NW 87 AVE
SUITE 501
MIAMI, FL 33172 US

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: JANINE OIVEIRA 04/24/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: QUINTERO, BEATRIZ
Address: 9707 HAMMOCKS BLVD #N-208
City-St-Zip: MIAMI, FL 33196

Title: PD ( ) Delete
Name: SAAVEDRO, PEDRO
Address: 8407 SW 137 AVENUE
City-St-Zip: MIAMI, FL 33183

Title: TD ( ) Delete
Name: LEFTWICH, JED
Address: 9707 HAMMOCKS BLVD #N107
City-St-Zip: MIAMI, FL 33196

Title: SD ( ) Delete
Name: LUAJOES, CESAR
Address: 9703 HAMMOCKS BLVD, #P103
City-St-Zip: MIAMI, FL 33196

Title: VD ( ) Delete
Name: GRAY, RUSSELL
Address: 9723 HAMMOCKS BLVD #N-107
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANINE OLIVEIRA MGR. 04/24/2009
Electronic Signature of Signing Officer or Director Date