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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 769923

(4)

LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "D" ASSOCIATION INC.

TION, I	NC.										
Principal Place of Business				Mailing Address				F##UKIL 10810 DIAN AEHA 10810 1800		li biğli bibi	
C/O MIAMI MANAGEMENT. INC 14275 SW 142 AVE MIAMI FL 33186				C/O MIAMI MANAGEMENT. INC 14275 SW 142 AVE MIAMI FL 33186				Las Di			
US				U\$			3. Date incorporated or Qualified 08/16/1983		te of Last 03/21/1		
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	<u> </u>		Applied For
21				26				59-2390417			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State				City & State				6. Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zφ	Country		29	Zip 1	Country			8. This corporation has liability for intangible tax under s. 199.032,			
24 25 9. Name and Address of Current				stared Agent	30			Florida Statutes Yes No 10. Name and Address of New Registered Agent			
	9. Name a	ina Address of Curr	em negi	stered Agent		B1	Name	IV. Name and Address of New A	gistereu .	Agent	
TRIAY, CARLOS								and (D.O. Boy Alumbay in Not Apportab	-1	 	
999 PONCE DE LEON BLVD #1110				82			Street Addin	ess (P.O. Box Number is Not Acceptab	8)		
	GABLES FL					63					
						В4	City		FL	85 Z	p Code
11 Purcuant t	to the provision	as of Sections 617 05	02 and 6	17 1508 Florida Statuts	s the abo	We-r	named cornor	ation submits this statement for the pur		nnina its i	registered office
or register	ed agent, or b	oth, in the State of Fli	orida. Suc		ed by the			d of directors. I hereby accept the appo			
SIGNATURE _	Signature, typed or	printed name of registered ag	ect and the i	t applicatue (NO	TF: Registere	1 Anen	nt signature required	f when reinstations	DATE		
12.	organismo, typico er			DIRECTORS 13.				ADDITIONS/CHANGES TO OFFI		DIRECTO	DRS IN 12
TITLE	PD			DELETE	1.1 T	ITLE				Change	■ Addition
NAME	RIGGS, L	ARRY			1.2 N	IAME					
STREET ADDRESS		MMOCKS BLVD., E	3206		1.3 \$	TREET	ADDRESS				
CITY-ST-ZiP	<u>Miami Fl</u>			□ process		ITY-S	IT-ZIP			700000	C Addition
TITLE	BD	ND11 1144112		DELETE	211				ı] Change	☐ Addition
NAME STREET ADDRESS	KLOVEKORN, HANK			22 N			ADDRESS	DECC			
CITY-ST-ZIP	9715 HAMMOCKS BLVD., 1206 MIAMI FL				2. 4 C						
TITLE	SD	·		DELETE	3.1 7		2, 1,			Change	Addition
NAME		, CONNIE			3.2 8	IAME					
STREET ADDRESS	9725 HAMMOCKS BLVD., F101			3.3 \$			ADDRESS				
CITY-ST-ZIP	MIAMI FL						ST-21P				
TITLE	D	100		DELETE	4.1 1					Change	Addition
NAME Skirk - 4000000	GRAY, RI		2000			NAME	1000000				
STREET ADDRESS		MMOCKS BLVD., (3203				ADDRESS				
CITY - ST - ZIP TITLE	MIAMI FL			DELETE	5.1 T	ITY - S ITLE	1.514		1	Change	Addition
NAME				<u>_</u>	5.2 N						
STREET ADDRESS							ADDRESS				
CITY-ST-ZIP						ITY-S					
TITLE				DELETE	6.1 T	TLE				Change	Addition
NAME					6.2 N	IAME					
STHEET ADDRESS					635	TREET	ADDRESS				
CITY-ST-ZIP							I-ZIP		N910111 51	14 6	
14. I do hereb	y certify that t	ne intormation supplie	ea with thi	is illing is voluntarily turn	isned and	goe:	s not quality to	or the exemption stated in Section 119.	ur(o)(K), EK)	noa statu	tes. Fruntner

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that the information indicated on this annual report as upplemental 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

2/13/96

Daytime Phone #

CR2E037 (