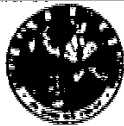


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 14 AM 9:14

DOCUMENT # 771238 (3)

1. Corporation Name

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

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

11801 SW 144 ST
MIAMI FL 33186

11801 SW 144 ST
MIAMI FL 33186

3. Date Incorporated or Qualified

11/14/1983

3a. Date of Last Report

04/12/1994

4. FEI Number

59-2360486

Applied For

Not Applicable

5. Certificate of Status Desired

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

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

Yes ☒ No ☐

2. Principal Place of Business

2a. Mailing Address

21 ~~c/o~~
MIAMI MANAGEMENT, INC.
14275 SW 142 AVE.
MIAMI, FL 33186

26 ~~c/o~~
MIAMI MANAGEMENT, INC.
14275 SW 142 AVE.
MIAMI, FL 33186

22 City & State

27 City & State

23 Zip

Country

US

28 Zip

Country

US

9. Name and Address of Current Registered Agent

TRAY, CARLOS
999 PONCE DE LEON BLVD #1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RUSS, GRAY
STREET ADDRESS 9723 HAMMOCKS BLVD G-203
CITY- ST- ZIP MIAMI FL

TITLE ~~D~~
NAME KLOVEKORN, HANK
STREET ADDRESS 9715 HAMMOCKS BLVD #202
CITY- ST- ZIP MIAMI FL

TITLE ~~SD~~
NAME HUTTON, GLEN
STREET ADDRESS 9723 HAMMOCKS BLVD #208
CITY- ST- ZIP MIAMI FL

TITLE ~~TD~~
NAME NORMAN, CONNIE
STREET ADDRESS 9725 HAMMOCKS BLVD #101
CITY- ST- ZIP MIAMI FL

TITLE ~~D~~
NAME BENIGNO, GARCIA
STREET ADDRESS 9731 HAMMOCKS BLVD #203
CITY- ST- ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME RIGGS, LARRY
1.3 STREET ADDRESS 9731 HAMMOCKS BLVD B206
1.4 CITY- ST- ZIP MIAMI FL 33196

2.1 TITLE UD
2.2 NAME KLOVEKORN, HANK
2.3 STREET ADDRESS 9715 HAMMOCKS BLVD I206
2.4 CITY- ST- ZIP MIAMI FL 33196

3.1 TITLE SD
3.2 NAME NORMAN, CONNIE
3.3 STREET ADDRESS 9725 HAMMOCKS BLVD F101
3.4 CITY- ST- ZIP MIAMI FL 33196

4.1 TITLE D
4.2 NAME GRAY, RUSS
4.3 STREET ADDRESS 9723 HAMMOCKS BLVD G203
4.4 CITY- ST- ZIP MIAMI FL 33196

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

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 110.07(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; that I am authorized 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]
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

Title

Daytime Phone #