

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

03-05-2002 90137 014 \*\*\*\*61.25

**DOCUMENT # 771238**

1. Entity Name

**LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "F" ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT INC.  
 14274 SW 142 AVENUE  
 MIAMI FL 33186  
 US

C/O MIAMI MANAGEMENT INC.  
 14275 SW 142 AVENUE  
 MIAMI FL 33186  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**59-2360486**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRAY, CARLOS**  
~~999 PONCE-DE-LEON BLVD #1110-~~ **10570 NW 27 ST**  
~~CORAL GABLES FL 33134~~ **Suite 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **RIGGS, LARRY**  
 STREET ADDRESS **9731 HAMMOCKS BLVD B206**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Delete  
 NAME **KLOVEKORN, HANK**  
 STREET ADDRESS **9715 HAMMOCKS BLVD, #202**  
 CITY-ST-ZIP **MIAMI-FL 33196**

TITLE ☐ Delete  
 NAME **D LRAICES, CESAR**  
 STREET ADDRESS **9703 HARVARD BLVD. #103**  
 CITY-ST-ZIP **SEBEAUS FL**

TITLE ☐ Delete  
 NAME **UNZE, MARILYN**  
 STREET ADDRESS **HAMMOCKS BLVD, #205**  
 CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☒ Addition  
 NAME **de Young, Carl G**  
 STREET ADDRESS **9731 Hammocks Blvd, #207**  
 CITY-ST-ZIP **Miami, FL 33196**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-14-02 305-378-0130**  
 Date Daytime Phone #

CR2E037 (9/01)