## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#771238** 

FILED Jan 18, 2011 Secretary of State

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

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

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

C/O GUARANTEE MANAGEMENT SERVICES, INC.

6925 NW 42 STREET MIAMI, FL 33166

**Current Mailing Address:** 

New Mailing Address:

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

C/O GUARANTEE MANAGEMENT SERVICES, INC.

6925 NW 42 STREET MIAMI, FL 33166

FEI Number: 59-2360486

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TRIAY, CARLOS 3750 N.W. 87TH AVE SUITE 100 DORAL, FL 33178 US STEVEN FEIN, ESQ. 900 SW 40 STREET

PLANTATION, FL 33317

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: STEVEN FEIN, ESQ.

01/18/2011

Electronic Signature of Registered Agent

FEI Number Applied For ( )

Date

## **OFFICERS AND DIRECTORS:**

QUINTERO, BEATRIZ Name: Address: 6925 NW 42 STREET City-St-Zip: MIAMI, FL 33166

Title:

Name: CANOSA, MARGARITA Address: 6925 NW 42 STREET City-St-Zip: MIAMI, FL 33166

Title: SD

LEFTWICH, JED Name: Address: 6925 NW 42 STREET City-St-Zip: MIAMI, FL 33166

Title: PD

Name: GRAY, RUSSEL 6925 NW 42 STREET Address: City-St-Zip: MIAMI, FL 33166

I hereby 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 all other like empowered.

SIGNATURE: RUSSELL GRAY PD 01/18/2011