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CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N01763** (4)

1. Corporation Name

LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "G" ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**1191 S W 144 ST.
MIAMI FL 33186**

**1191 S W 144 ST.
MIAMI FL 33186**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 **Q/D**
Suite, Apt. # etc.
MIAMI MANAGEMENT, INC.
14275 SW 142 AVE.
City & State **MIAMI, FL 33186**

26 **Q/D**
Suite
MIAMI MANAGEMENT, INC.
14275 SW 142 AVE.
City & State **MIAMI, FL 33186**

24 Zip **33186** Country **US**

29 Zip **33186** Country **US**

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14275 SW 142 AVE.
City & State **MIAMI, FL 33186**

27 **MIAMI MANAGEMENT, INC.**
14275 SW 142 AVE.
City & State **MIAMI, FL 33186**

23 Zip **33186** Country **US**

30 Zip **33186** Country **US**

25 Country **US**

31 Country **US**

9. Name and Address of Current Registered Agent

TRIAI, CARLOS
999 PONCE DE LEON BLVD
CORAL GABLES FL 33134

3. Date Incorporated or Qualified **03/05/1984** 3a. Date of Last Report **04/13/1994**

4. FEI Number **59-2390419** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 **SUITE 110**
84 City **MIAMI** 85 Zip Code **FL 33186**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD- GRAY, RUSS	1.1 TITLE	PD RIGGS, LARRY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, RUSS	1.2 NAME	RIGGS, LARRY
STREET ADDRESS	9723 HAMMOCKS BLVD. G-203	1.3 STREET ADDRESS	9731 HAMMOCKS BLVD B206
CITY-ST-ZIP	MIAMI FL 33184	1.4 CITY-ST-ZIP	MIAMI FL 33196
TITLE	D- KLOVEKORN, HANK	2.1 TITLE	VD KLOVEKORN, HANK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOVEKORN, HANK	2.2 NAME	KLOVEKORN, HANK
STREET ADDRESS	9715 HAMMOCKS BLVD F-202	2.3 STREET ADDRESS	9715 HAMMOCKS BLVD I206
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FL 33196
TITLE	SD- HUTTON, GLENN	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTON, GLENN	3.2 NAME	NORMAN CONNIE
STREET ADDRESS	9715 HAMMOCKS BLVD F-206	3.3 STREET ADDRESS	9725 HAMMOCKS BLVD F101
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FL 33196
TITLE	D- NORMAN, CONNIE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, CONNIE	4.2 NAME	GRAY, RUSS
STREET ADDRESS	9725 HAMMOCKS BLVD, F-101	4.3 STREET ADDRESS	9723 HAMMOCKS BLVD G203
CITY-ST-ZIP	MIAMI FL 33184	4.4 CITY-ST-ZIP	MIAMI FL 33196
TITLE	D- GARCIA, BENIGNO	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, BENIGNO	5.2 NAME	
STREET ADDRESS	9731 HAMMOCKS BLVD #203	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(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 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, typed or printed name of individual officer or director