

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

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # N01763 (4)**

1. Corporation Name  
**LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "G" ASSOCIATION, INC.**



|   |  |
|---|--|
| Principal Place of Business<br><b>C/O MIAMI MANAGEMENT, INC.<br/>                 14276 SW 142 AVE.<br/>                 MIAMI FL 33186<br/>                 US</b> | Mailing Address<br><b>C/O MIAMI MANAGEMENT, INC.<br/>                 14275 SW 142 AVE<br/>                 MIAMI FL 33186<br/>                 US</b> |
|---|--|

3. Date Incorporated or Qualified  
**03/05/1984**

4. FEI Number  
**59-2390419**

|                |                                     |
|----------------|-------------------------------------|
| Applied For    | <input type="checkbox"/>            |
| Not Applicable | <input checked="" type="checkbox"/> |

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Country             |
| 24 Country                     | 29 Zip                 |
| 25 Country                     | 30 Country             |

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**TRIAY, CARLOS  
 999 PONCE DE LEON BLVD  
 SUITE 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   | 85 Zip Code |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

|                |                                |                                 |
|----------------|--------------------------------|---------------------------------|
| TITLE          | PD                             | <input type="checkbox"/> DELETE |
| NAME           | <b>RIGGS, LARRY</b>            |                                 |
| STREET ADDRESS | <b>9731 HAMMOCKS BLVD B206</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                |                                 |
| TITLE          | VD                             | <input type="checkbox"/> DELETE |
| NAME           | <b>KLOVERKORN, HANK</b>        |                                 |
| STREET ADDRESS | <b>9715 HAMMOCKS BLVD I206</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                |                                 |
| TITLE          | SD                             | <input type="checkbox"/> DELETE |
| NAME           | <b>NORMAN, CONNIE</b>          |                                 |
| STREET ADDRESS | <b>9725 HAMMOCKS BLVD F101</b> |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                |                                 |
| TITLE          | D                              | <input type="checkbox"/> DELETE |
| NAME           | <b>VIGIL, TY</b>               |                                 |
| STREET ADDRESS | <b>14275 SW 142 AVE</b>        |                                 |
| CITY-ST-ZIP    | <b>MIAMI FL</b>                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |
| TITLE          |                                | <input type="checkbox"/> DELETE |
| NAME           |                                |                                 |
| STREET ADDRESS |                                |                                 |
| CITY-ST-ZIP    |                                |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. 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 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:** \_\_\_\_\_

CP2E037 (10/97)