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03-02-1999 90080 033 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N01763

1. Corporation Name
LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "G" ASSOCIATION, INC.
code 5041

Principal Place of Business C/O MIAMI MANAGEMENT, INC. 14276 SW 142 AVE. MIAMI FL 33186 US	Mailing Address C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI FL 33186 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/05/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2390419 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 _____ 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 RIGGS, LARRY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9731 HAMMOCKS BLVD B206	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD KLOVERKORN, HANK	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9715 HAMMOCKS BLVD I206	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD NORMAN, CONNIE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9725 HAMMOCKS BLVD F101	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D VIGIL, TY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	14275 SW 142 AVE	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<i>Duaires, Cesar</i>
STREET ADDRESS		5.3 STREET ADDRESS	<i>9703 Hammocks Blvd #103</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>Miami, FL</i>
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 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, with all other like empowered.

SIGNATURE: _____ DATE: *1/18/99* DAYTIME PHONE #: *305 378 0130-133*

CR2E037 (11/98)