

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90111 002 \*\*\*\*61.25

**DOCUMENT # N01763**

1. Entity Name

**LAKEVIEW AT THE HAMMOCKS CONDOMINIUM 'G' ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT, INC.  
 14276 SW 142 AVE.  
 MIAMI FL 33186  
 US

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

20746



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2390419

Applied For

Not Applicable

Zip

Country

Zip

Country

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

TRIAI, CARLOS  
 808 PONCE DE LEON BLVD  
 SUITE 1110  
 CORAL GABLES FL 33134

10570 NW 27 ST  
 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	T	<input checked="" type="checkbox"/> Delete
NAME	KLOVEKORN, HANK	
STREET ADDRESS	9715 HAMMOCKS BLVD #202	
CITY-ST-ZIP	MIAMI FL 33198	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	KLOVERKORN, HANK	
STREET ADDRESS	9715 HAMMOCKS BLVD 1208	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUACES, CESAR	
STREET ADDRESS	9703 HAMMOCKS BLVD., #103	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LINZE, MARILYN	
STREET ADDRESS	9727 HAMMOCKS BLVD #205	
CITY-ST-ZIP	MIAMI FL 33198	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	De Young, Carla	
STREET ADDRESS	9731 Hammocks Blvd #207	
CITY-ST-ZIP	Miami, FL 33196	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIGGS, LARRY	
STREET ADDRESS	9731 Hammocks Blvd #206	
CITY-ST-ZIP	MIAMI, FL 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4 directors total	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2007 (9/01)

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 and an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-02

305-380-120

Date

Daytime Phone #