


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90002 025 ****61.25

DOCUMENT # N01763

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



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**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country Zip Country

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05042005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2390419

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

TRIAY, CARLOS
~~10570 NW 27 ST~~
~~SUITE 103~~
MIAMI, FL 33172

3750 N.W. 87th Avenue
 Suite 100
 Doral, Florida 33178

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE DT	LUAICES, CESAR <input checked="" type="checkbox"/> Delete	TITLE PD	Riggs, Larry <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9703 HAMMOCKS BLVD., #103	NAME	9731 Hammocks Blvd. #B-206
STREET ADDRESS	MIAMI, FL	STREET ADDRESS	Miami, FL 33196
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DP	LINZE, MARILYN <input checked="" type="checkbox"/> Delete	TITLE SD	Jimenez De Young, Carla <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9727 HAMMOCKS BLVD. #206	NAME	9731 Hammocks Blvd. #B-207
STREET ADDRESS	MIAMI, FL 33196	STREET ADDRESS	Miami, FL 33196
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE DS	O'LEARY, ROSEMARY <input checked="" type="checkbox"/> Delete	TITLE TD	Saavedra, Pedro <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	9725 HAMMOCKS BLVD. #106	NAME	8407 SW 137 Avenue
STREET ADDRESS	MIAMI, FL 33196	STREET ADDRESS	Miami, FL 33183
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	KLOVEKOM, HENRY <input checked="" type="checkbox"/> Delete	TITLE D	Leftwich, Jed <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	515 LUENGA AVE.	NAME	9707 Hammocks Blvd. #N-107
STREET ADDRESS	CORAL GABLES, FL 33146	STREET ADDRESS	Miami, FL 33196
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	ANDERSON, ROBERT <input checked="" type="checkbox"/> Delete	TITLE VPD	Luaices, Cesar <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9723 HAMMOCKS BLVD. #104	NAME	9703 Hammocks Blvd. # P-103
STREET ADDRESS	MIAMI, FL 33196	STREET ADDRESS	Miami, FL 33196
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 with an address, with all other like empowered.

SIGNATURE: Larry K Riggs Date: 5-13-05 (305) 378-0130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #