


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90076 046 ****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.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

40046004



03262006 Chg-NP CR2E037 (11/05)

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
**TRIAI, CARLOS
 3750 N.W. 87TH AVENUE
 SUITE 100
 DORAL, FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

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	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RIGGS, LARRY			NAME			
STREET ADDRESS	9731 HAMMOCKS BLVD #B-206			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JIMENEZ DE YOUNG, CARLA			NAME			
STREET ADDRESS	9731 HAMMOCKS BLVD #B-207			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAAVEDRA, PEDRO			NAME			
STREET ADDRESS	8407 SW 137 AVENUE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEFTWICH, JED			NAME			
STREET ADDRESS	9707 HAMMOCKS BLVD #N-107			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP			
TITLE	VPD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUAICES, CESAR			NAME			
STREET ADDRESS	9703 HAMMOCKS BLVD #P-103			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP			
TITLE		<input 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 exemptions contained in Chapter 119, 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: [Signature] Date: 4/12/06 Daytime Phone #: 305 328 6130