

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01763

FILED  
Apr 24, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-2390419      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIAI, CARLOS  
3750 N.W. 87TH AVENUE  
SUITE 100  
DORAL, FL 33178 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SAAVEDRA, PEDRO  
Address: 8407 SW 137 AVENUE  
City-St-Zip: MIAMI, FL 33183 US

Title: TD ( ) Delete  
Name: LEFTWICH, JED  
Address: 9707 HAMMOCKS BLVD. # N-107  
City-St-Zip: MIAMI, FL 33196 US

Title: SD ( ) Delete  
Name: LUAICES, CESAR  
Address: 9703 HAMMOCKS BLVD # P-103  
City-St-Zip: MIAMI, FL 33196 US

Title: VPD ( ) Delete  
Name: GRAY, RUSSELL  
Address: 9723 HAMMOCKS BLVD #G-203  
City-St-Zip: MIAMI, FL 33196 US

Title: D ( ) Delete  
Name: QUINTERO, BEATRIZ  
Address: 9707 HAMMOCKS BLVD #N-208  
City-St-Zip: MIAMI, FL 33196 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANINE OLIVEIRA

MGR.

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date