

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01763

FILED  
Jan 05, 2010  
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: PM  
Name: OLIVEIRA, JANINE  
Address: 14275 SW 142 AVE  
City-St-Zip: MIAMI, FL 33186 US

Title: S  
Name: LEFTWICH, JED  
Address: 14275 SW 142 AVE  
City-St-Zip: MIAMI, FL 33186 US

Title: PD  
Name: GRAY, RUSSELL  
Address: 14275 SW 142 AVE  
City-St-Zip: MIAMI, FL 33186 US

Title: T  
Name: QUINTERO, BEATRIZ  
Address: 14275 SW 142 AVE  
City-St-Zip: MIAMI, FL 33186 US

I hereby 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 all other like empowered.

SIGNATURE: JANINE OLIVEIRA

PM

01/05/2010

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

\_\_\_\_\_  
Date