


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

02-25-2003 90137 037 ****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



CHECK HERE IF MAKING CHANGES

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**

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)

FILE NOW: FEE IS \$61.25

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DE YOUNG, CARLA	
STREET ADDRESS	9731 HAMMOCKS BLVD #207	
CITY-ST-ZIP	MIAMI FL 33198	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIGGS, LARRY	
STREET ADDRESS	9731 HAMMOCKS BLVD #208	
CITY-ST-ZIP	MIAMI FL 33198	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUACES, CESAR	
STREET ADDRESS	9703 HAMMOCKS BLVD., #103	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP-D	<input type="checkbox"/> Delete
NAME	LINZE, MARILYN	
STREET ADDRESS	9727 HAMMOCKS BLVD #205	
CITY-ST-ZIP	MIAMI FL 33196	
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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: *Marilyn Linze* **VP-President** 2/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone # _____