FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

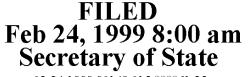
Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N03537

1. Corporation Name

LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "H" ASSOCIA TION, INC. redesou!



02-24-1999 90148 015 ****61.25

Principal Place of Business Mailing Address							•	
C/O MIAMI MANAGEMENT. INC. 14275 SW 142 AVE. MIAMI FL 33186 C/O MIAMI MANAGEMENT 14275 SW 142 AVE. MIAMI FL 33186		INC.						
US		US						
Principal Place of Business 2a. Mailing Address					3. Date Incorporated or Qualifed			
21 26					06/07/1984			
Suite, Apt. #, etc Suite, Apt. #, etc.					4. FEI Number			lied For
22 27					59-2390414			Applicable
City & State City & State					5. Certificate of Status Desired		\$8.75 Ac	
23		28					 	
Zip ├─_	Country	Zip	Country	•	6. Election Campaign Financing		\$5.00 N Added to	•
24	25 29		30		Trust Fund Contribution 10. Name and Address of New R	lagistared A		rees
	9. Name and Address of Current	t Registered Agent	81	Name	10. Marine and Address of New P	(egistered A	Herit	
	•		"	I Name	:			
TRIAY, CARLOS				Street A	ddress (P.O. Box Number is Not Accepta	ible)		
999 PONCE DE LEON BLVD				<u> </u>				
STE 1110								_
CORAL GABLES FL 33146				City		FL	85 Zip C	ode
				<u></u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		hansing its i	rocietorod
11. Pursuar	nt to the provisions of Sections 617.0502 registered agent, or both, in the State of	z and 617.1508, Florida Statutes of Florida. Such change was aut	s, the above thorized by	the corpor	corporation submits this statement for the ration's board of directors. I hereby accept	t the appoin	tment as reg	istered
agent. I	am familiar with, and accept the obligat	ions of, Section 617.0503, Florid	da Statutes					
SIGNATURE	<u></u>					DATE	<u> </u>	
	Signature, typed or printed name of registered agent OFFICERS ANI		13.	st signature rec	ulired when reinstating) ADDITIONS/CHANGES TO OF		DIRECTOR	RS IN 12
12.		D DIRECTORS DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Change	Addition
TITLÉ	PD DICCO LADDY		1.2 NAME		·			
NAME	RIGGS, LARRY		1	TADORESS				
STREET ADDRES			ł	- 1	•			
CITY-ST-ZIP	MIAMI FL	□ DELETE	1.4 CITY-S 2.1 TITLE	T-ZIP			Change	Addition
TITLE	VD			1			_ ,	_
NAME	KLOVEKORN, HANK		2.2 NAME:	. 40000000	•		•	
STREET ADDRES	1		2.3 STREET	- 1				
CITY-ST-ZIP	MIAMI FL	☐ DELETE	2.4 CITY-5	51-ZIP			Change	Addition
TITLE	SD SOMMIE	□ nere ie	3.1 TILE.		ı			_
NAME	NORMAN, CONNIE		1	TADODECC				
STREET ADDRES				TADDRESS	e e van 4, j		****	
CITY-ST-ZIP	MIAMI FL							• • •
TITLE	1 D	FINCIETE		ST-ZIP	-		Change	Addition
	D	☐ DELETE	4.1 TITLE	ST-ZIP	<u> </u>		☐ Change	Addition
NAME	TY, VIGIL	☐ DELETE	4.1 TITLE 4. 2 NAME			·	☐ Change	Addition
STREET ADDRES	TY, VIGIL 14275 SW 142 AVE	☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREE	T ADDRESS	·	•	☐ Change	☐ Addition
	TY, VIGIL	☐ DELETE	4.1 TITLE 4. 2 NAME	T ADORESS	7		☐ Change	Addition

14. 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 annual report or supplementar annual 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 occiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an appears in the occupance of the occupa

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

DELETE

☐ Change

Addition