


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2004 8:00 am**  
**Secretary of State**

07-29-2004 90002 009 \*\*\*\*61.25

|   |  |   |   |   |  |
|---|--|---|---|---|--|
| <b>DOCUMENT # N03537</b><br>1. Entity Name<br><b>LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "H" ASSOCIATION, INC.</b>   |  |   |   |                                  |  |
| Principal Place of Business<br><b>C/O MIAMI MANAGEMENT, INC.<br/>14275 SW 142 AVE.<br/>MIAMI, FL 33186 US</b>   |  |   | Mailing Address<br><b>C/O MIAMI MANAGEMENT, INC.<br/>14275 SW 142 AVE.<br/>MIAMI, FL 33186 US</b> |   |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.   |  |   | 3. Mailing Address<br>Suite, Apt. #, etc.   |   |  |
| City & State  |  |   | City & State  |   |  |
| Zip   |  | Country   |   | Zip   |  |
| Country   |  | Country   |   | 4. FEI Number<br><b>59-2390414</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |   |   | Applied For<br><input type="checkbox"/> Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><b>TRIAY, CARLOS<br/>12570 NW 27ST<br/>STE 103<br/>MIAMI, FL 33172</b>   |  |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.   |  |   |   | \$8.75 Additional Fee Required  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by September 8, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |  | 10. OFFICERS AND DIRECTORS  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>RIGGS, LARRY<br>9731 HAMMOCKS BLVD B206<br>MIAMI, FL             | <input checked="" type="checkbox"/> Delete  |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>SUSICES, CESA<br>9703 HAMMOCKS BLVD., #103<br>MIAMI, FL           | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>LINZE, MARLYN<br>9727 HAMMOCKS BLVD # 205<br>MIAMI, FL 33196      | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Klovekorn, Henry<br>515 Luenga Ave.<br>Coral Gables, FL 33146     | <input type="checkbox"/> Delete   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>Anderson, Robert<br>9723 Hammocks Blvd. #104<br>Miami, FL 33196   | <input type="checkbox"/> Delete   |   |   |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |  |   |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>Linze, Marlyn<br>9727 Hammocks Blvd. #206<br>Miami, FL 33196     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>Luaices, Cesar<br>9703 Hammocks Blvd. #103<br>Miami, FL 33196    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition        |   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>O'Leary, Rosemary<br>9725 Hammocks Blvd. #106<br>Miami, FL 33196 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition        |   |   |  |
| 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. |  |   |   |   |  |
| <b>SIGNATURE:</b> <u>Marlyn Linze</u> <span style="float: right;">7/17/04</span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   |   |   |  |