

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03537

1. Entity Name
LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "H"
ASSOCIATION, INC.



Principal Place of Business
C/O MIAMI MANAGEMENT, INC.
14275 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 - No P.O. Box #

3. Mailing Address
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Country

City & State

Zip

Country

01032008 Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2390414

5. Certificate of Status Desired ☐ \$8.75 Addl Fee Required

7. Name and Address of New Registered Agent

TRIAY, CARLOS
12570 NW 27ST
STE 103
MIAMI, FL 33172

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 the obligations of registered agent

SIGNATURE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

Make check payable to
Florida Department of Banking & Finance

10. OFFICERS AND DIRECTORS
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
GRAY, RUSSELL
9723 HAMMOCKS BLVD., #G-203
MIAMI, FL 33196

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

PD
SAAVEDRA, PEDRO
8407 SW 137TH AVE
MIAMI, FL 33183

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LEFTWICH, JED
9707 HAMMOCKS BLVD., #N-107
MIAMI, FL 33196

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VD
LUAICES, CESAR
9703 HAMMOCKS BLVD., #P-103
MIAMI, FL 33196

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
QUINTERO, BEATRIZ
9707 HAMMOCKS BLVD., #N-208
MIAMI, FL 33196

☐ Delete

11.
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect of the corporation or the registered agent or trustee empowered to execute this report as required by Chapter 617, Florida Statute changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PEDRO SAAVEDRA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR