2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03537

FILED Jan 18, 2011 Secretary of State

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

Current Principal Place of Business:

New Principal Place of Business:

C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE.

C/O GUARANTEE MANAGEMENT SERVICES, INC.

6925 NW 42 STREET MIAMI, FL 33166

MIAMI, FL 33186 **Current Mailing Address:**

New Mailing Address:

C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE.

C/O GUARANTEE MANAGMENT SERVICES, INC.

MIAMI, FL 33186

6925 NW 42 STREET MIAMI, FL 33166

FEI Number: 59-2390414

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TRIAY, CARLOS 2301 NW 87 AVE. STE 501

STEVEN FEIN, ESQ. 900 SW 40 STREET

MIAMI, FL 33172 US

PLANTATION, FL 33317 US

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: STEVEN FEIN, ESQ.

01/18/2011

Electronic Signature of Registered Agent

FEI Number Applied For ()

Date

OFFICERS AND DIRECTORS:

GRAY, RUSSELL Name: Address: 6925 NW 42 STREET City-St-Zip: MIAMI, FL 33166

Title:

Name: CANOSA, MARGARITA Address: 6925 NW 42 STREET City-St-Zip: MIAMI, FL 33166

Title: TD

LEFTWICH, JED Name: Address: 6925 NW 42 STREET City-St-Zip: MIAMI, FL 33166

Title: TD

Name: QUINTERO, BEATRIZ 6925 NW 42 STREET Address: City-St-Zip: MIAMI, FL 33166

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: RUSSELL GRAY PD 01/18/2011