FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:39

DOCUMENT # N13842 (2)

1. Corporation Name
LAKEVIEW AT THE HAMMOCKS CONDOMINIUM L ASSOCIATI ON, INC.

Principal Place of Business	Mailing Address
~~11941 SW 144 STREET~~ ~~MIAMI FL 33186~~	~~11941 SW 144 STREET~~ ~~MIAMI FL 33186~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/17/1986
3a. Date of Last Report: 04/14/1994
4. FEI Number: 59-2779431 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 MIAMI MANAGEMENT, INC.	26 MIAMI MANAGEMENT, INC.
22 Suite, Apt. ~~14275 SW 142 AVE.~~ MIAMI, FL 33186	27 Suite, ~~14275 SW 142 AVE.~~ MIAMI, FL 33186
23 City & State	28 City & State
24 Zip	29 Zip
25 Country US	30 Country US

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

TRIAY, CARLOS
999 PONCE DE LEON BLVD
STE 1110
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	~~GRAY, RUSS~~	1.2 NAME	RIGGS, LARRY	
STREET ADDRESS	~~9723 HAMMOCKS BLVD G203~~	1.3 STREET ADDRESS	9731 HAMMOCKS BLVD B306	
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	MIAMI FL 33196	
TITLE	~~D~~	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	~~KLOVEKORN, HANK~~	2.2 NAME	KLOVEKORN, HANK	
STREET ADDRESS	~~9715 HAMMOCKS, BLVD # 202~~	2.3 STREET ADDRESS	9715 HAMMOCKS BLVD I206	
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	MIAMI FL 33196	
TITLE	~~SD~~	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	~~HUTTON, GLEN~~	3.2 NAME	NORMAN, CONNIE	
STREET ADDRESS	~~9725 HAMMOCKS BLVD 206~~	3.3 STREET ADDRESS	9725 HAMMOCKS BLVD F101	
CITY-ST-ZIP	~~MIAMI FL~~	3.4 CITY-ST-ZIP	MIAMI FL 33196	
TITLE	~~TD~~	4.1 TITLE	D	☒ Change ☐ Addition
NAME	~~NORMAN, CONNIE~~	4.2 NAME	GRAY, RUSS	
STREET ADDRESS	~~9725 HAMMOCKS BLVD 101~~	4.3 STREET ADDRESS	9723 HAMMOCKS BLVD G203	
CITY-ST-ZIP	~~MIAMI FL~~	4.4 CITY-ST-ZIP	MIAMI FL 33196	
TITLE	~~D~~	5.1 TITLE		☐ Change ☐ Addition
NAME	~~GARCIA, BENIGNO~~	5.2 NAME		
STREET ADDRESS	~~9701 HAMMOCKS BLVD 203~~	5.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI BCH FL~~	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 supplemental 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 receiver 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 attachment with an address.

SIGNATURE: X _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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