## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 27 1997 8:00am

Secretary of State

Daytime Phone # 0078491

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

Principal Prace of Business

SIGNATURE:

N13842

(2)

Mailing Address

## LAKEVIEW AT THE HAMMOCKS CONDOMINIUM L ASSOCIATION, INC.

C/O MIAMI MANAGEMENT. INC. 14275 SW 142 AVE. MIAMI FL 33186 US			142L7	C/O MIAMI MANAGEMENT. INC. 1421.75 SW 142 AVE. MIAMI FL 33186 US					3. Date Incorporated or Qualified 03/17/1986	3a. Da	nte of Last 02/21/1	Report   <b>996</b>	
2. Principal Pl	ace of Busin	ess	2a. M	2a. Mailing Address					4. FEI Number	<del></del>		Applied For	
21				26					59-2779431			Not Applicable	
Suite, Apt. #, etc. 22				Suite, Apt. #, etc.					5. Certificate of Status Desired		Fee F	Additional Required	
City & State	)			ity & State					6. Election Campaign Financing			May Be	
<b>23</b> Z(p		Country	28 Z	in.	T 6	ountry			Trust Fund Contribution			d to Fees	
24		25 29 30							8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
27		and Address of Cur		ed Agent	1301	1			10. Name and Address of New R				
TRIAY, CARLOS 999 PONCE DE LEON BLVD STE 1110 81 Name  82 Street Address (P.O. Box Number is Not Acceptable) 83													
CORAL GABLES FL 33146						84	City		<u>,</u>		85 Zip	p Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.													
SIGNATURE Signature, typed or printed name of registered agent and talle if applicable. (NOTE Registered							nt signal	ure requir	red when reinstating)	DATE			
12.		OFFICERS	AND DIRECTO		1:	3.			ADDITIONS/CHANGES TO OFF	CERS AND	-		
TITLE	PD			DELETE	1.1	TITLE					Change	Addition	
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STREET ADDRESS		ammocks blvd i	3206	•	1.3	STREET	ADDRES	s					
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]				L. Detere		2 NAME					- Jimiyo	- AMURICOII	
NAME Street address						2 NAME 3 STREET	ADDAES	s 1/4	Y VIGIL 1275 BW MZ AVE.				
CITY - ST - ZIP					- 1	4 CITY-S		ر ا	MIAMI, FL. 83186				
TITLE				DELETE		TITLE					Change	e Addition	
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CITY-ST-ZIP						4 CITY-S							
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NAME					6.2	2 NAME							
STREET ADDRESS					6.3	3 STREET	ADDRES	s	•				
CITY-ST-ZIP					6.4	4 CITY - S	T - <b>Z</b> IP						
14. I do 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 supplies ental angular 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 of the receiver of fuster 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 attention with an address.													