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Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13842 (2)

1. Corporation Name

LAKEVIEW AT THE HAMMOCKS CONDOMINIUM L ASSOCIATI
ON, INC.

Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT, INC.
14275 SW 142 AVE.
MIAMI FL 33186
USC/O MIAMI MANAGEMENT, INC.
142L75 SW 142 AVE.
MIAMI FL 33186
US3. Date Incorporated or Qualified
03/17/19863a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETENAME RIGGS, LARRY
STREET ADDRESS 9731 HAMMOCKS BLVD B206
CITY-ST-ZIP MIAMI FL1.1 TITLE ☐ Change ☐ AdditionTITLE VD ☐ DELETENAME KLOVEKORN, HANK
STREET ADDRESS 9715 HAMMOCKS BLVD I206
CITY-ST-ZIP MIAMI FL1.2 NAME ☐ Change ☐ AdditionTITLE SD ☐ DELETENAME NORMAN, CONNIE
STREET ADDRESS 9725 HAMMOCKS BLVD F101
CITY-ST-ZIP MIAMI FL1.3 STREET ADDRESS ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP1.4 CITY-ST-ZIP ☐ Change ☒ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.1 TITLE ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.2 NAME ☐ Change ☐ AdditionTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP2.3 STREET ADDRESS ☐ Change ☐ Addition2.4 CITY-ST-ZIP ☐ Change ☐ Addition2.5 NAME ☐ Change ☐ Addition2.6 STREET ADDRESS ☐ Change ☐ Addition2.7 CITY-ST-ZIP ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0078491

CR2E037 (9/96)

D
TY VIGIL
14275 SW 142 AVE.
MIAMI, FL. 33186

2/14/97