


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N14935</b>						
1. Entity Name LAKEVIEW AT THE HAMMOCKS CONDOMINIUM K 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		City & State		4. FEI Number 59-2779442		
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent			
TRIAY, CARLOS 12572 NW 27 ST ST 123 MIAMI, FL 33172			Name			
			Street Address (P.O. Box Number is Not Acceptable)			
			City		FL	Zip Code
			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, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	QUINTERO, BEATRIZ		NAME			
STREET ADDRESS	9707 HAMMOCKS BLVD #N-208		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SAAVEDRA, PEDRO		NAME			
STREET ADDRESS	8407 SW 137 AVE		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEFTWICH, JED		NAME			
STREET ADDRESS	9707 HAMMOCKS BLVD., #N-107		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LUAICES, CESAR		NAME			
STREET ADDRESS	9703 HAMMOCKS BLVD., #P-103		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	GRAY, RUSSELL		NAME			
STREET ADDRESS	9723 HAMMOCKS BLVD #G-203		STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.						
SIGNATURE: _____		PEDRO SAAVEDRA PRES SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1-28-08 Date		
				(305)378-0130 Daytime Phone #		