

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90137 039 ****61.25

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DOCUMENT # N14935

1. Entity Name

**LAKEVIEW AT THE HAMMOCKS CONDOMINIUM K ASSOCIATI
ON, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2779442**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**TRIAI, CARLOS
12572 NW 27 ST
ST 123
MIAMI FL 33172**

7. Name and Address of New Registered Agent

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** Delete
NAME **RIGGS, LARRY**
STREET ADDRESS **9731 HAMMOCKS BLVD., B206**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** Delete
NAME **LINZE, MARLYN**
STREET ADDRESS **9727 HAMMOCKS BLVD #205**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **D** Delete
NAME **LUAICES, CESAR**
STREET ADDRESS **9703 HAMMOCKS BLVD., #103**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** Delete
NAME **DEYOUNG, CARLA**
STREET ADDRESS **9731 HAMMOCKS BLVD #207**
CITY-ST-ZIP **MIAMI FL 33196**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E037 (10/02)

12. I 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 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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/03