

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 24, 2009
Secretary of State**

DOCUMENT# N17109

Entity Name: LAKEVIEW AT THE HAMMOCKS CONDOMINIUM N ASSOCIATION, INC.

Current Principal Place of Business:

MIAMI MANAEMENT, INC.
142L75 SW 142 AVE.
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

MIAMI MANAGEMENT, INC.
1427L5 SW 142 AVE
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 59-2777943 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIAIY, CARLOS
3750 NW 87TH AVE
STE 100
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

- Title: PD () Delete
Name: SAAVEDRA, PEDRO
Address: 8407 SW 137 AVENUE
City-St-Zip: MIAMI, FL 33183 US
- Title: D () Delete
Name: LEFTWICH, JED
Address: 9707 HAMMOCKS BLVD., # N-107
City-St-Zip: MIAMI, FL 33196 US
- Title: VPD () Delete
Name: LUSICES, CESTAR
Address: 9703 HAMMOCKS BLVD., #P-103
City-St-Zip: MIAMI, FL 33196 US
- Title: VPD () Delete
Name: GRAY, RUSSELL
Address: 9723 HAMMOCKS BLVD., #G-203
City-St-Zip: MIAMI, FL 33196 US
- Title: VPD () Delete
Name: SNAVEDRA, PEDRO
Address: 8407 SW 137 AVENUE
City-St-Zip: MIAMI, FL 33183 US
- Title: D () Delete
Name: QUINTERO, BEATRIZ
Address: 9707 HAMMOCKS BLVD., # N-208
City-St-Zip: MIAMI, FL 33196 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:
- Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANINE OLIVEIRA

MGR.

04/24/2009

Electronic Signature of Signing Officer or Director

_____ Date