

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769010

Entity Name: LAKEVIEW AT THE HAMMOCKS PROPERTY OWNERS ASSOCIATION, INC.

FILED
Apr 09, 2014
Secretary of State
CC0166292881

Current Principal Place of Business:

C/O MIAMI MANAGEMENT, INC.
14275 SW 142 AVE
MIAMI, FL 33186

Current Mailing Address:

C/O MIAMI MANAGEMENT, INC.
14275 SW 142 AVE.
MIAMI, FL 33186 US

FEI Number: 59-2304737

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TRIAY, CARLOS A P.A.
2301 NW 87TH AVE, SUITE 501
DORAL, FL 33172 US

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: CARLOS A TRIAY, P.A.

04/09/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name WILLIAM, GALYA
Address C/O MMI 14275 SW 142 AVE
City-State-Zip: MIAMI FL 33186

Title VP, DIRECTOR
Name KLOVEKORN, HENRY
Address C/O MMI 14275 SW 142 AVE
City-State-Zip: MIAMI FL 33186

Title SECRETARY, DIRECTOR
Name ZULUAGA, BLANCA
Address C/O MMI 14275 SW 142 AVE
City-State-Zip: MIAMI FL 33186

Title TREASURER, DIRECTOR
Name OLAYA, EFRAIN
Address C/O MMI 14275 SW 142 AVE
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name GRAY, RUSSELL
Address C/O MMI 14275 SW 142 AVE
City-State-Zip: MIAMI FL 33186

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM GALYA

PRESIDENT

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date