

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769570

Entity Name: LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "B"
ASSOCIATION, INC.**FILED**
Jan 09, 2015
Secretary of State
CC3837054456**Current Principal Place of Business:**C/O BRICKELL PROPERTY MANAGEMENT
14373 S.W. 142 STREET
MIAMI, FL 33186**Current Mailing Address:**C/O BRICKELL PROPERTY MANAGEMENT
14373 S.W. 142 STREET
MIAMI, FL 33186 US**FEI Number: 59-2314399****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TRIAY, CARLOS A PA
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, PA

01/09/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name GALYA, WILLIAM
Address C/O BRICKELL PROPERTY
 MANAGEMENT
 14373 S.W. 142 STREET
City-State-Zip: MIAMI FL 33186

Title VP, DIRECTOR
Name URRUTUA , KENNETH
Address C/O BRICKELL PROPERTY
 MANAGEMENT
 14373 S.W. 142 STREET
City-State-Zip: MIAMI FL 33186

Title SECRETARY, DIRECTOR
Name MADINABEITIA, IGNACIO
Address C/O BRICKELL PROPERTY
 MANAGEMENT
 14373 S.W. 142 STREET
City-State-Zip: MIAMI FL 33186

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

Title DIRECTOR
Name IBANEZ, ESTEBAN
Address C/O BRICKELL PROPERTY
 MANAGEMENT
 14373 S.W. 142 STREET
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**PRESEIDENT**

01/09/2015

Electronic Signature of Signing Officer/Director Detail

Date