## SIGNATURE: EFRAIN OLAYA

above, or on an attachment with all other like empowered.

TREASURER

01/31/2020

#### 2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

# **DOCUMENT# 771238**

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

### **Current Principal Place of Business:**

C/O BRICKELL PROPERTY MANAGEMENT, INC. 14373 S.W. 142 STREET MIAMI, FL 33186

### **Current Mailing Address:**

C/O BRICKELL PROPERTY MANAGEMENT, INC. 14373 S.W. 142 STREET MIAMI, FL 33186 US

### FEI Number: 59-2360486

#### 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	E: CARLOS A TRIAY, PA			01/31/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	SECRETARY, DIRECTOR	Title	TREASURER, DIRECTOR	
Name	MADINABEITIA, IGNACIO	Name	OLAYA, EFRAIN	
Address	C/O BRICKELL PROPERTY MANAGEMENT, INC. 14373 S.W. 142 STREET	Address	C/O BRICKELL PROPERTY MANAGEMENT, INC. 14373 S.W. 142 STREET	
City-State-Zip:	MIAMI FL 33186	City-State-Zip:	MIAMI FL 33186	
Title	VP, DIRECTOR	Title	DIRECTOR	
Name	DEPASS, CHARLES R.	Name	IBANEZ, ESTEBAN E	
Address	C/O BRICKELL PROPERTY MANAGEMENT, INC. 14373 S.W. 142 STREET	Address	C/O BRICKELL PROPERTY MANAGEMENT, INC. 14373 S.W. 142 STREET	
City-State-Zip:	MIAMI FL 33186	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

FILED Jan 31, 2020 Secretary of State 3463622148CC

Certificate of Status Desired: No