

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03537

Entity Name: LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "H" ASSOCIATION, INC.**FILED**
Jan 02, 2019
Secretary of State
CC4466284135**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: 59-2390414****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**01/02/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title	TREASURER, DIRECTOR
Name	OLAYA, EFRAIN
Address	C/O BRICKELL PROPERTY MANAGEMENT, INC. 14373 S.W. 142 STREET
City-State-Zip:	MIAMI FL 33186

Title	DIRECTOR
Name	DEPASS, CHARLES R.
Address	C/O BRICKELL PROPERTY MANAGEMENT, INC. 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: ESTEBAN IBANEZ**PRESIDENT****01/02/2019**

Electronic Signature of Signing Officer/Director Detail

Date