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: EFRAIN OLAYA

Electronic Signature of Signing Officer/Director Detail

TREASURER

#### DOCUMENT# N13842

Entity Name: LAKEVIEW AT THE HAMMOCKS CONDOMINIUM L 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: 59-2725742

# 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	01/06/2020		
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor 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	DIRECTOR			
Name	DEPASS, CHARLES R.			
Address	C/O BRICKELL PROPERTY MANAGEMENT, INC. 14373 S.W. 142 STREET			
City-State-Zip:	MIAMI FL 33186			

# Certificate of Status Desired: No

FILED Jan 06, 2020 Secretary of State 4379374556CC

Date