

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13842

Entity Name: LAKEVIEW AT THE HAMMOCKS CONDOMINIUM L
ASSOCIATION, INC.**FILED**
Jan 22, 2024
Secretary of State
7714456287CC**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****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

01/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title	PRESIDENT
Name	DEPASS, CHARLES R.
Address	C/O BRICKELL PROPERTY MANAGEMENT, INC. 14373 S.W. 142 STREET
City-State-Zip:	MIAMI FL 33186

Title	VP
Name	SCHMIDT, CAROLYN
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: CHARLES DEPASS**PRESIDENT**

01/22/2024

Electronic Signature of Signing Officer/Director Detail

Date