2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED **DOCUMENT #769010** 1. Entity Name LAKEVIEW AT THE HAMMOCKS PROPERTY OWNERS 2007 JUL 11 PM 4: 44 ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE. FLORID Principal Place of Business Mailing Address C/O MIAMI MANAGEMENT INC. % MIAMI MANAGEMENT INC 14275 SW 142 AVENUE 14275 SW 142 AVENUE MIAMI, FL 33186 MIAMI, FL 33186 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06152007 Chg-NP CR2E037 (12/06) City & State City & State 4. FEI Number 59-2304737 Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TRIAY, CARLOS 3750 N.W. 87TH AVE Street Address (P.O. Box Number is Not Acceptable) **STE 100 DORAL, FL 33178** City Zip Code FI 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Stonature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make check payable to Amended AR is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete PD **3JTIT** TITLE ☐ Change ☐ Addition 900106257 RIGGS, LARRY NAME NAME 07/17/07--01016--013 9731 HAMMOCKS BLVD. #B-206 STREET ADDRESS **S1. STREET ADDRESS CITY-ST-719 MIAMI, FL 33196 CITY-ST-ZIP VPD. Change ☐ Delete ☐ Addition TITLE TITLE PD SAAVEDRA, PEDRO NAME NAME 8407 SW 137 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME LEFTWICH, JED STREET ADDRESS 9707 HAMMOCKS BLVD. #N-107 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33196 ☐ Addition SD ☐ Delete ☐ Channe TITLE TITLE LUAICES, CESAR NAME NAME STREET ADDRESS 9703 HAMMOCKS BLVD, #P-103 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33196 Change Delete ☐ Addition TITLE TITLE RUSSELL, GRAY NAME GRAY RUSSELL NAME STREET ADDRESS 9723 HAMMOCKS BLVD G-203 STREET ADDRESS MIAMI, FL 33196 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE D D NAME NAME QUINTERO, BEATRIZ STREET ADDRESS STREET ADDRESS 9707 Hammocks B CITY-ST-ZIP MAM = 33196 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 employed to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental of the corporation or the receiver or trustee of the corporation an attachment with apraddi SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: .