2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#769010

FILED Jan 18, 2011 Secretary of State

Entity Name: LAKEVIEW AT THE HAMMOCKS PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

New Principal Place of Business:

C/O MIAMI MANAGEMENT INC. 14275 SW 142 AVENUE MIAMI, FL 33186

C/O GUARANTEE MANAGEMENT SERVICES, INC.

6925 NW 42 STREET MIAMI, FL 33166

Current Mailing Address:

New Mailing Address:

% MIAMI MANAGEMENT INC 14275 SW 142 AVENUE MIAMI, FL 33186

C/O GUARANTEE MANAGEMENT SERVICES, INC.

6925 NW 42 STREET MIAMI, FL 33166

FEI Number: 59-2304737

FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TRIAY, CARLOS 2301 N.W. 87TH AVE STE 501 DORAL, FL 33172 US STEVEN FEIN, ESQ. 900 SW 40 STREET

PLANTATION, FL 33317 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: STEVEN FEIN, ESQ.

01/18/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

GRAY, RUSSELL Name: Address: 6925 NW 42 STREET City-St-Zip: MIAMI, FL 33166

Title: SD

Name: LEFTWICH, JED Address: 6925 NW 42 STREET City-St-Zip: MIAMI, FL 33166

Title: VPD

MARGARITA, CANOSA Name: Address: 6925 NW 42 STREET City-St-Zip: MIAMI, FL 33166

Title:

Name: QUINTERO, BEATRIZ Address: 14275 SW 142 AVE City-St-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: RUSSELL GRAY PD 01/18/2011