

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769569

1. Entity Name

LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "C" ASSOCIA

Principal Place of Business

C/O MIAMI MANAGEMENT, INC
14275 SW 142 AVE
MIAMI FL 33186
US

Mailing Address

C/O MIAMI MANAGEMENT, INC
14275 SW 142 AVE
MIAMI FL 33186
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2314397

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIVAY, CARLOS
999 PONCE DE LEON BLVD
STE 1110
CORAL GABLES FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RIGGS, LARRY 9731 HAMMOCKS BLVD., B206 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD KLOVEKORN, HANK 9715 HAMMOCKS BLVD., 1206 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LUSICES, CESA 9703 HAMMOCKS BLVD., #103 MIAMI FL	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	T Klovekorn, Hank 9715 Hammocks Blvd #202 Miami, FL 33196	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Marlyn Linze 9727 Hammocks Blvd #205 Miami, FL 33196	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

1/15/2001

Date

Daytime Phone #

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90018 025 ****61.25

902320



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)