FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "B" ASSOCIATION, INC.

FILED Feb 04 1998 8:00am Secretary of State

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Suite, Apt. #, etc. 5. Election Campaign Financing \$5.00 May Be											
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March Marc						3. Date Inco	orporated or Qualified				
US Section S											
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Suite, Apt. #, etc. City & State City & Country State City & S						59-2	2314399		No	t Applicable	
Solite, Apt. II, etc. Solite, Apt. II, etc. Solit	2. Principal Place of Business		2a. Mailing Address			5. Certificate	e of Status Desired	□ \$	3.75 A	dditional	
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Zip Country Zip Country St. This corporation owes or has paid the current registered Agent St. This corporation owes or has paid the current registered Agent St. Name and Address of Kourrent Registered Agent St. Name S						/- Is this no	/- Is this nonprofit corporation a homeowners association?				
25						8 This sore					
TRIAY, CARLOS S99 PONCE DE LEON BLVD #1110 CORAL GABLES FL 33196 #4 City FL ST ZIP Code T1- Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am lamilar with, and accept the obligations of, Section 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am lamilar with, and accept the obligations of, Section 617.0503, Florida Statutes, such above-named corporation submits this statement for the purpose of changing its registered agent. I am lamilar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE #5 CFFICERS AND DIRECTORS #5 CFFICERS AND DIRECTORS #5 CFFICERS AND DIRECTORS #5 CFFICERS AND DIRECTORS IN 12 #5 CFFICERS AND		n ' h		31	-, ·						
TRIAY, CARLOS 989 PONCE DE LEON BLVD					<u> </u>						
999 PONCE DE LEON BLVD #1110 COPAL GABLES FL 33196 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am lamillar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signiture, typed or ported name of ingrerord agent and tis it spatiable. PD	, , , , , , , , , , , , , , , , , , , ,			•	81	Name					
999 PONCE DE LEON BLVD #1110 COPAL GABLES FL 33196 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 517.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, I am lamillar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signiture, typed or ported name of ingrerord agent and tis it spatiable. PD	TRIAY, CARLOS		DD Chroat A			ddross (B.O. Bey M	conhacio Not Assasta	أماط			
##110 CORAL GABLES FL 33196 38		I BLVD	82 St			Sueer	rudiess (F.O. DOX N	diliber is Not Accepta	iole)		
11. Pursuant to the provisions of Sections 517.0502 and 617.1509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Plorida. Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered spent at amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, Upped or provide name or Registered agent with 8 applicable.					83						
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12.	agent. I am lamiliar with,	and accept the obligation	ns of, Section	617.0503, Floric	la Statutes	7 tile corpi 3.	oration's board or di	rectors. Thereby acce	sprine appoint	en as	egistered
12.	SIGNATURE										
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14. Thereby 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		formation supplied with the	his filina dose	not qualify for the			in Section 119 07/3	RVII) Florida Statutes	I further certify t	at the i	nformation

and acceptate and that my signature shall have the same legal effect as if made under oath; that I am an expect to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in

SIGNATURE: