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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 770453

1. Corporation Name

LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "E" ASSOCIATION, INC.  
*code 5041*

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



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	09/28/1983
22	City & State	City & State	4. FEI Number
	Zip	Country	59-2360485
23	Country	Country	Applied For
			Not Applicable
24	25	29	30

9. Name and Address of Current Registered Agent

TRIAI, CARLOS  
 999 PONCE DE LEON BLVD  
 #1110  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. 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 office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIGGS, LARRY	1.2 NAME	
STREET ADDRESS	9731 HAMMOCKS BLVD., B206	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLOVEKORN, HANK	2.2 NAME	
STREET ADDRESS	9715 HAMMOCKS BLVD., 1206	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORMAN, CONNIE	3.2 NAME	
STREET ADDRESS	9725 HAMMOCKS BLVD F101	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIGK, TY	4.2 NAME	Vigil, Ty
STREET ADDRESS	14275 SW 142 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Duices, Cesar
STREET ADDRESS		5.3 STREET ADDRESS	9703 Hammocks Blvd
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_  
 Date: 2/13/99 Daytime Phone #: 305 378 0120-133

CR2E037 (1/198)