

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 770453

1. Entity Name
LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "E"
ASSOCIATION, INC.



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06152007

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-2360485

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIAI, CARLOS
3750 NW 87TH AVENUE
SUITE 100
DORAL, FL 33178

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME RIGGS, LARRY
STREET ADDRESS 9731 HAMMOCKS BLVD, #B206
CITY-ST-ZIP MIAMI, FL 33196 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
600106257746
07/17/07--01018--014 **61.25

TITLE ~~VPD~~
NAME SAAVEDRA, PEDRO
STREET ADDRESS 8407 SW 137 AVENUE
CITY-ST-ZIP MIAMI, FL 33183 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE TD
NAME LEFTWICH, JED
STREET ADDRESS 9707 HAMMOCKS BLVD, #N107
CITY-ST-ZIP MIAMI, FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME LUNICES, CESAT
STREET ADDRESS 9703 HAMMOCKS BLVD, #P103
CITY-ST-ZIP MIAMI, FL 33196 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GRAY, RUSSELL
STREET ADDRESS 9723 HAMMOCKS BLVD., G-203
CITY-ST-ZIP MIAMI, FL 33196 ☐ Delete

TITLE NPD
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE D
NAME QUINTERO, BEATRIZ
STREET ADDRESS 9707 Hammocks Blvd. # N-208
CITY-ST-ZIP MIAMI, FL 33196 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PEDRO SAAVEDRA

7/6/07

(305) 378-0130

Date

Daytime Phone #

FILED

2007 JUL 11 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



7/12/07