


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01763</b>					
<b>1. Entity Name</b> LAKEVIEW AT THE HAMMOCKS CONDOMINIUM "G" ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O MIAMI MANAGEMENT, INC. 14276 SW 142 AVE. MIAMI, FL 33186 US			<b>Mailing Address</b> C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI, FL 33186 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2390419	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  TRIAY, CARLOS 3750 N.W. 87TH AVENUE SUITE 100 DORAL, FL 33178			<b>7. Name and Address of New Registered Agent</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> PD <b>NAME</b> SAAVEDRA, PEDRO <b>STREET ADDRESS</b> 8407 SW 137 AVENUE <b>CITY-ST-ZIP</b> MIAMI, FL 33183	<input type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> LEFTWICH, JED <b>STREET ADDRESS</b> 9707 HAMMOCKS BLVD. # N-107 <b>CITY-ST-ZIP</b> MIAMI, FL 33196	<input type="checkbox"/> Delete				
<b>TITLE</b> SD <b>NAME</b> LUAICES, CESAR <b>STREET ADDRESS</b> 9703 HAMMOCKS BLVD # P-103 <b>CITY-ST-ZIP</b> MIAMI, FL 33196	<input type="checkbox"/> Delete				
<b>TITLE</b> VPD <b>NAME</b> GRAY, RUSSELL <b>STREET ADDRESS</b> 9723 HAMMOCKS BLVD #G-203 <b>CITY-ST-ZIP</b> MIAMI, FL 33196	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> QUINTERO, BEATRIZ <b>STREET ADDRESS</b> 9707 HAMMOCKS BLVD #N-208 <b>CITY-ST-ZIP</b> MIAMI, FL 33196	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
000000811435 02/12/08-80006-012 61.25					
Make check payable to Florida Department of State					
<b>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 reports 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.</b>					
<b>SIGNATURE:</b> _____ <b>PEDRO SAAVEDRA, PRES</b> <b>1-28-08</b> <b>(305) 378-0130</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					