

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N07480

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



Principal Place of Business
C/O MIAMI MANAGEMENT, INC.
142L75 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.

01032008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2564882

Applied For
Not Applicable

Zip

Country

Zip

Country

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

TRIAY, CARLOS
3750 N.W. 87TH AVENUE
SUITE 100
MIAMI, 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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

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

TITLE TD ☐ Delete
NAME LEFTWICH, JED
STREET ADDRESS 9707 HAMMOCKS BLVD. #N-107
CITY-ST-ZIP MIAMI, FL 33196

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

TITLE SD ☐ Delete
NAME LUAICES, CESAR
STREET ADDRESS 9703 HAMMOCKS BLVD. #P-103
CITY-ST-ZIP MIAMI, FL 33196

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

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

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

TITLE D ☐ Delete
NAME QUINTERO, BEATRIZ
STREET ADDRESS 9723 HAMMOCKS BLVD #N-208
CITY-ST-ZIP MIAMI, FL 33196

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 PRES

Date

Daytime Phone #

1-28-08 (305)378 0130