## 2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **FILED** Feb 22, 2007 8:00 am Secretary of State 02-22-2007 90016 003 \*\*\*\*61.25

## **DOCUMENT # N08579**

1. Entity Name LAKEVIEW AT THE HAMMOCKS CONDOMINIUM I



ASSOCIA	ATION, INC.			100							
MIAMI MANAGEMENT INC 14275 S.W. 142ND AVE		MIAI 142	Mailing Address MIAMI MANAGEMENT INC 14275 S.W. 142ND AVE MIAMI, FL 33186		40023024						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
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Suite, Apt. #, etc.		Su	Suite, Apt. #, etc.			01042007	Chg-NP	CR2E03	7 (12/06)		
City & State		Ci	City & State			4. FEI Number Applied For 59-2564885 Not Applicable					
Zip	Country		Zip Co		5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registe						7. Name and Address of New Registered Agent					
TRIAY, CARLOS				Nam	Name						
10570 NW 27TH ST SUITE 103			Street Address			(P.O. Box Number is Not Acceptable)					
MIAMI, FL	. 33172			City		<del></del> ,			Zip Cod		
								FL			
	a named entity submits this st tions of registered agent.	tatement for the purp	ose of changing its re	gistered offici	or registe	red agent, or both	, in the State of F	lorida. I am f	amiliar with,	and accept	
SIGNATURE	Signature, typed or printed name of re	gistered agent and title it ap	plicable. (NOTE: R	egistered Agent sk	gnature required	d when reinstating)		DATE		_ <del></del>	
Filing Fee is \$61.25			9. Election Campaign Financing Trust Fund Contribution.			<del></del>	<del></del>				
	•					\$5.00 May Be		Make check orida Depart			
10.	Due by May 1, 2007		Trust Fund Con	ntribution.		Added to Fees	Flo	rida Depart	ment of St	tate	
10.	Due by May 1, 2007		Trust Fund Con			Added to Fees ADDITIONS/CHA	Flo	rida Depart	ment of St	tate	
TITLE NAME	OFFICEF PD RIGGS, LARRY	RS AND DIRECTORS	Trust Fund Cor	11. TITLE NAME		Added to Fees  ADDITIONS/CHAI  Oray, Russell	FIG NGES TO OFFIC	rida Depart	ment of SI	10	
TITLE NAME STREET ADDRESS	OFFICEF PD RIGGS, LARRY 9731 HAMMOCKS BLV	RS AND DIRECTORS	Trust Fund Cor	11. TITLE NAME STREET ADDRES		Added to Fees ADDITIONS/CHAI  Oray, Russell 1723 Hammocks	NGES TO OFFIC Blvd. #G-203	rida Depart	ment of SI	10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIGGS, LARRY 9731 HAMMOCKS BLV MIAMI, FL 33196	RS AND DIRECTORS	Trust Fund Cor	11. TITLE NAME STREET ADDRES CITY-ST-ZIP	SS 9	Added to Fees ADDITIONS/CHAI  Oray, Russell  1723 Hammocks Aliami, FL 33196	NGES TO OFFIC Blvd. #G-203	rida Depart	ment of St	10 Addition	
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12. I hereby certify that the information subfiled with this filips to entire indicated on this report or supplemental report is true and a cure of the corporation or the receiver or trustee empowered to execute changed, or on an attach tree with an address, with in other like or but qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of the and that my signature shall have the same legal effect as if made under oath; that I am an officer or director out to this peport as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE

Daytime Phone #