

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N11777 1. Entity Name LAKEVIEW AT THE HAMMOCKS CONDOMINIUM O 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	4. FEI Number 59-2644295	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRIAY, CARLOS 3750 NW 87TH AVENUE SUITE 100 MIAMI, FL 33178			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RIGGS, LARRY		NAME		
STREET ADDRESS	9731 HAMMOCKS BLVD B206		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	PD	
NAME	SAAVEDRA, PEDRO		NAME		
STREET ADDRESS	8407 SW 137 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEFTWICH, JED		NAME		
STREET ADDRESS	9707 HAMMOCKS BLVD # N-107		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAAICES, CESAR		NAME		
STREET ADDRESS	9703 HAMMOCKS BLVD. # P-103		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	NPD	
NAME	GRAY, RUSSELL		NAME		
STREET ADDRESS	9723 HAMMOCKS BLVD. #G-203		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	D	
NAME			NAME	QUINTERO, BEATRIZ	
STREET ADDRESS			STREET ADDRESS	9707 Hammocks Blvd. # N-208	
CITY-ST-ZIP			CITY-ST-ZIP	Miami, FL 33196	
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:			PEDRO SAAVEDRA		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7/6/07 (305) 378-0130 <small>Date Daytime Phone #</small>		

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



06152007 Chg-NP CR2E037 (12/06)

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7/6/07 (305) 378-0130

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