## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 27 1997 8:00am

Secretary of State

Daytime Phone # 0027862

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

SIGNATURE:

DOCUMENT # N14934

(6)

## LAKEVIEW AT THE HAMMOCKS CONDOMINIUM M ASSOCIATION, INC.

Principa! Place	e of Business	Mailing Address	Mailing Address				ı idşinler dan kidir gusha relad elliri diği didir diğir diğir diğir diğir				
C/O MIAMI MAN	JAGEMENT INC	C/O MIAMI MANAGEMENT	C/O MIAMI MANAGEMENT. INC.								
142L75 W 142 AVE.		14275 SW 142 AVE.				1					
MIAMI FL 33186		MIAMI FL 33186-6715				ļ	3. Date incorporated or Qualified	3a Data	of Last P	Penort	
us		US	us			1	05/15/1986				
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number		<del>`                                    </del>	pplied For	
21			26				59-2779432		<del></del>	ot Applicable	
Suite, Apl.	#. elc-	·	Suite, Apt. #, etc.							Additional	
22		<u> </u>	27				5. Certificate of Status Desired			equired	
City & State	9	City & State					6. Election Campaign Financing		\$5.00	May Be	
23		28	28			ŀ	Trust Fund Contribution			to Fees	
Zip	Country	Zip	Zip Cou			8. This corporation has liability for intangible tax under s. 199.032			199.032.		
24	25 29			30			Florida Statutes Yes No				
	9. Name and Address of Co	rrent Registered Agent				1	<ol><li>Name and Address of New Re</li></ol>	gistered Ag	ent		
				81	Name	€				1	
TRIAY, CARLOS				82 Street Address (P.O. Box Number is Not Acceptable)				ole)	•	· · · · · · · · · · · · · · · · · · ·	
999 PONCE DE LEON BLVD				of other regions (1.10. box remiser to restrict operation)							
#1110				83							
CORAL GABLES FL 33134				84 City					<b>85</b> Zip	Code	
				~	City			FL	<b>21</b> 0	Code	
11. Pursuant	to the provisions of Sections 617	.0502 and 617.1508, Florida Statul	tes, the a	bove	-named	d corpora	tion submits this statement for the p	ourpose of ch	anging i	ts registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, if am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.											
		, , , , , , , , , , , , , , , , , , ,									
SIGNATURE  Signature, typicd or printed name of registered agent and tritle if applicable. (NOTE: Regis						tered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICE	CERS AND D	IRECTOR	AS IN 12	
TITLE	PD	☐ DELETE	1.1 T	TLE					Change	Addition	
NAME	RIGGS, LARRY		1.2 N	AME		1					
STREET ADDRESS	9731 HAMMOCKS BLVD I	3206	1.3 \$	TREET	ADDRESS	;					
CITY-ST-ZIP	MIAMI FL		1.4 0	ITY-S	T-21P						
TITLE	VD	☐ DELETE	21 T	ITLE					Change	Addition	
NAME	KLOVEKORN, HANK		2.2 N	AME						i	
STREET ADDRESS	9715 HAMMOCKS BLVD I	206	2.3 STREET ADDRESS		s						
CITY - ST - ZIP	MIAMI FL		2. 4 CITY - ST - ZIP								
TITLE	SD DELETE			3.1 TITLE					Change	☐ Addition	
NAME	NORMAN, CONNIE			3.2 NAME							
STREET ADDRESS	9725 HAMMOCKS BLVD I	F101	3.3 STREET ADDRESS		;						
CITY-ST-ZIP	MIAMI FL			3.4. CITY-ST-ZIP							
TITLE	D DELETE		4.1 1	ITLE		0_		2	Change	Addition	
NAME	VIGIL, RYRONE		4.21	4. 2 NAME		17%	VIGIL				
STREET ADDRESS	9727 HAMMOCKS BLVD I	D108	4.3 \$	TREET	ADDRESS	142	75 SW 142 AVE.				
CITY-ST-ZIP	MIAMI FL		4.4 0	ITY-S	T-ZIP	m	IAMI, FL. 33186				
TITLE	D	☐ DELETE	5.1 7	ITLE					] Change	Addition	
NAME	AULT, BRYAN		5.2 N	AME		-					
STREET ADDRESS	9017 HAMMOCKS BLVD	L104	5.3 S	TREET	ADDRESS	;					
0/7Y-S1-7/P	MIAMI FL		5.4 C	ITY-S	T-ZIP						
TITLE		☐ DELETE	6.1 T	ITLE					) Change	Addition	
NAME			6.2 N	AME							
STREET ADDRESS			6.3 S	TREET	address	<b>;</b>					
CITY - ST - ZIP				ITY-S							
14. I do heret	by certify that the information sup	oplied with this filing does not qual	fy for the	exe	mption s	stated in	Section 119.07(3)(i), Florida Statute	s. I further o	ertify that	the	
Lam an o	in morealed on this annual report fricer or director of the corporati	on or the roceiver or trustee empoy	wered to	exec	ute this	report as	required by Chapter 617. Florida	Statytes; and	that my	name	
information indicated on this annual report or supplementar annual 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 occiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.											