- 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 28, 2007 8:00 am Secretary of State

DOCUMENT # N14934 1. Entity Name LAKEVIEW AT THE HAMMOCKS CONDOMINIUM M ASSOCIATION, INC.								ī	8-2007 90	-	****61.25		
Principal Place of Business C/O MIAMI MANAGEMENT, INC. 142L75 W 142 AVE. MIAMI, FL 33186 US			Mailing Address C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE. MIAMI, FL 33186 US			•		40026		ITI BIBN 818N 31	Til Blair Biğil Blai	 	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address										
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01042007 CI	ng-NP	CR2E0	37 (12/06)		
City & State			City & State					4. FEI Number 59-277943	2			plied For t Applicable	
Zip	p Country		Zip C		Cou	intry		5. Certificate of Status Desired \$8.75 Additional Fee Required					
	6. Name	and Address of Current F	Registered				7. Name and Address of New Registered Agent Name						
TRIAY, CARLOS 3750 NW 87TH AVE SUITE 100 DORAL, FL 33178						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, lyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
		- 1- 884 05		9 Election Com	naign F	inancina		\$E.00		Make chec	k payable to		
	_	e is \$61.25 lay 1, 2007	9. Election Campaign Fin Trust Fund Contribution]	\$5.00 May Be Added to Fees			rtment of St		
10.		OFFICERS AND DIR	ECTORS		11.		A	ADDITIONS/CHANG	ES TO OFFIC	ERS AND D			
NAME STREET ADDRESS CITY-ST-ZIP	PD RIGGS, L 9731 HAM MIAMI, FL	IMOCKS BLVD, #B-206					9	iray, Russell 723 Hammocks Blv Iiami, FL 33196	d. #G-203		Change	□ -Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAAVEDF 8407 SW MIAMI, FL			□ Delete			Sa 84	PD aavedra, Pedro 407 SW 137 Avenu liami, FL 33183	e		□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEFTWICI 9707 HAM MIAMI, FL	IMOCKS BLVD, #N-107		□ Delete		í	97	D eftwich, Jed 707 Hammocks Blv liami, FL 33196	d. #N-107		Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUAICES, 9703 HAM MIAMI, FL	IMOCKS BLVD, #P-103		□ Delete			97	D Jaices, Cesar 703 Hammocks Blv Jami, FL 33196	d, # P-103		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete							□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				Delete	OITV	ET ADDRESS			R	EEE ?	Change /ED	☐ Addition	
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 path; that if arm an officer or director of the corporation or the receiver or trustee ampowered to expect this report as required by Chapter 617, Florida Statutes; and that it is a factor of the corporation or an attachment with an address, with all or be like empowered. SIGNATURE													