

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N14934 1. Entity Name LAKEVIEW AT THE HAMMOCKS CONDOMINIUM M ASSOCIATION, INC.	
---	---

FILED

07 JUL 11 AM 8:56

CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA

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
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

06152007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2779432	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TRIAI, CARLOS 3750 NW 87TH AVE SUITE 100 DORAL, FL 33178	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
---	--

Name Street Address (P.O. Box Number is Not Acceptable) City	State 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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIGGS, LARRY 9731 HAMMOCKS BLVD, #B-206 MIAMI, FL 33196 <div style="text-align: right;"><input checked="" type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SAAVEDRA, PEDRO 8407 SW 137 AVE MIAMI, FL 33183 <div style="text-align: right;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEFTWICH, JED 9707 HAMMOCKS BLVD, #N-107 MIAMI, FL 33196 <div style="text-align: right;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUAICES, CESAR 9703 HAMMOCKS BLVD, #P-103 MIAMI, FL 33196 <div style="text-align: right;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, RUSSELL 9723 HAMMOCKS BLVD., G-203 MIAMI, FL 33196 <div style="text-align: right;"><input type="checkbox"/> Delete</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <div style="text-align: right;"><input type="checkbox"/> Delete</div>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div> 300106639353 07/24/07--01051--011 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINTERO, BEATRIZ 9707 Hammocks Blvd. # N-208 Miami, FL 33196 <div style="text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</div>

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 another like empowered.

SIGNATURE: PEDRO SAAVEDRA 7/6/07 (305) 378 0130

Date Daytime Phone #

7/6/07