

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90004 005 \*\*\*\*61.25

**DOCUMENT # N14935**

1. Entity Name  
**LAKEVIEW AT THE HAMMOCKS CONDOMINIUM K  
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**

**40022422**



01042007 Chg-NP CR2E037 (12/06)

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  
**59-2779442**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRIAY, CARLOS  
12572 NW 27 ST  
ST 123  
MIAMI, FL 33172**

Name

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☐ Delete  
NAME RIGGS, LARRY  
STREET ADDRESS 9731 HAMMOCKS BLVD., #B-206  
CITY-ST-ZIP MIAMI, FL 33196

TITLE D ☐ Change ☒ Addition  
NAME Gray, Russell  
STREET ADDRESS 9723 Hammocks Blvd. #G-203  
CITY-ST-ZIP Miami, FL 33196

TITLE TD ☐ Delete  
NAME SAAVEDRA, PEDRO  
STREET ADDRESS 8407 SW 137 AVE  
CITY-ST-ZIP MIAMI, FL 33183

TITLE VPD ☒ Change ☐ Addition  
NAME Saavedra, Pedro  
STREET ADDRESS 8407 SW 137 Avenue  
CITY-ST-ZIP Miami, FL 33183

TITLE D ☐ Delete  
NAME LEFTWICH, JED  
STREET ADDRESS 9707 HAMMOCKS BLVD., #N-107  
CITY-ST-ZIP MIAMI, FL 33196

TITLE TD ☒ Change ☐ Addition  
NAME Leftwich, Jed  
STREET ADDRESS 9707 Hammocks Blvd. #N-107  
CITY-ST-ZIP Miami, FL 33196

TITLE VPD ☐ Delete  
NAME LUAICES, CESAR  
STREET ADDRESS 9703 HAMMOCKS BLVD., #P-103  
CITY-ST-ZIP MIAMI, FL 33196

TITLE SD ☒ Change ☐ Addition  
NAME Luaices, Cesar  
STREET ADDRESS 9703 Hammocks Blvd. # P-103  
CITY-ST-ZIP Miami, FL 33196

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 the empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #