

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfman
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:39

DOCUMENT # **N16334** (7)
1. Corporation Name
**LAKEVIEW AT THE HAMMOCKS CONDOMINIUM P ASSOCIATI
ON, INC.**

Principal Place of Business Mailing Address
11941 SW 144 STREET MIAMI, FL 33186 **11941 SW 144 STREET MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/13/1986** 3a. Date of Last Report **04/13/1994**
4. FEI Number **59-2779430** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Paquired
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. **MIAMI MANAGEMENT, INC.** 26. **MIAMI MANAGEMENT, INC.**
Suite, Apt. **14275 SW 142 AVE** Suite, Apt. **MIAMI, FL 33186**
MIAMI, FL 33186 27. **MIAMI, FL 33186**
23. City & State 28. City & State
24. Zip 25. Country **US** 29. Zip 30. Country **US**

9. Name and Address of Current Registered Agent
TRIAI, CARLOS
999 PONCE DE LEON BLVD.
#1110
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	FD
NAME	RUSS GRAY
STREET ADDRESS	9723 HAMMOCKS BLVD G-203
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	KLOVEKORN, HANK
STREET ADDRESS	9715 HAMMOCKS BLVD, #202
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	HUTTON, GLEN
STREET ADDRESS	9745 HAMMOCKS BLVD, #206
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	NORMAN, CONNIE
STREET ADDRESS	9725 HAMMOCKS BLVD, #101
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	GARCIA, BENIGNO
STREET ADDRESS	9791 HAMMOCKS BLVD, #203
CITY-ST-ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RIGGS, LARRY
1.3 STREET ADDRESS	9731 HAMMOCKS BLVD B206
1.4 CITY-ST-ZIP	MIAMI FL 33196
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KLOVEKORN, HANK
2.3 STREET ADDRESS	9715 HAMMOCKS BLVD #206
2.4 CITY-ST-ZIP	MIAMI FL 33196
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	NORMAN, CONNIE
3.3 STREET ADDRESS	9725 HAMMOCKS BLVD F101
3.4 CITY-ST-ZIP	MIAMI FL 33196
4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GRAY, RUSS
4.3 STREET ADDRESS	9723 HAMMOCKS BLVD G203
4.4 CITY-ST-ZIP	MIAMI FL 33196
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 receiver 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, changed, or on an attachment with an addressee.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR