

FILE NOW: FILING FEE IS \$61.25

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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
**C/O MIAMI MANAGEMENT, INC.
14275 SW 142 AVE
MIAMI FL 33186
US**

3. Date Incorporated or Qualified 3a. Date of Last Report
08/13/1986 **06/18/1996**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number Applied For
59-2779430 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RIGGS, LARRY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9731 HAMMOCKS BLVD B206	1.2 NAME	
STREET ADDRESS	MIAMI FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD KLOVEKORN, HANK	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9725 HAMMOCKS BLVD 1206	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD NORMAN, CONNIE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9725 HAMMOCKS BLVD F101	3.2 NAME	
STREET ADDRESS	MIAMI FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D TYRONE VIGIL	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9727 HAMMOCKS BLVD. D 108	4.2 NAME	
STREET ADDRESS	MIAMI FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BRYAN AVLT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9717 HAMMOCKS BLVD #104	5.2 NAME	
STREET ADDRESS	MIAMI FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**D
TYRONE VIGIL
14275 SW 142 AVE.
MIAMI, FL. 33186**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE: _____ Date: **2/14/97** Daytime Phone # 0027857

CR2E037 (9/96)