


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 02, 2004 8:00 am**  
**Secretary of State**

08-02-2004 90009 019 \*\*\*\*61.25

<b>DOCUMENT # N16334</b>					
1. Entity Name <b>LAKEVIEW AT THE HAMMOCKS CONDOMINIUM P ASSOCIATION, INC.</b>					
Principal Place of Business <b>C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE MIAMI, FL 33186 US</b>			Mailing Address <b>C/O MIAMI MANAGEMENT, INC. 14275 SW 142 AVE. MIAMI, FL 33186 US</b>		
2. Principal Place of Business		3. Mailing Address		<b>34066182</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		07062004 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number <b>59-2779430</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Country		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TRIAI, CARLOS</b> <b>12570 NW 27 ST</b> <b>STE 103</b> <b>MIAMI, FL 33172</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b>	
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 re-registering) DATE _____					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIGGS, LARRY</b>		NAME	<b>Linze, Marlyn</b>	
STREET ADDRESS	<b>9731 HAMMOCKS BLVD B206</b>		STREET ADDRESS	<b>9727 Hammocks Blvd. #206</b>	
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP	<b>Miami, FL 33196</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUSICES, CESAR</b>		NAME	<b>Luaices, Cesar</b>	
STREET ADDRESS	<b>9703 HAMMOCKS BLVD #103</b>		STREET ADDRESS	<b>9703 Hammocks Blvd. #103</b>	
CITY-ST-ZIP	<b>MIAMI, FL</b>		CITY-ST-ZIP	<b>Miami, FL 33196</b>	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LINZE, MARILYN</b>		NAME	<b>O'Leary, Rosemary</b>	
STREET ADDRESS	<b>9727 HAMMOCKS BLVD #205</b>		STREET ADDRESS	<b>9725 Hammocks Blvd. #106</b>	
CITY-ST-ZIP	<b>MIAMI, FL 33196</b>		CITY-ST-ZIP	<b>Miami, FL 33196</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	<b>Klovekorn, Henry</b>	
STREET ADDRESS			STREET ADDRESS	<b>515 Luenga Ave.</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Coral Gables, FL 33146</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>Anderson, Robert</b>	
STREET ADDRESS			STREET ADDRESS	<b>9723 Hammocks Blvd. #104</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>Miami, FL 33196</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I 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 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 I am empowered.					
SIGNATURE: <i>Marlyn Linze</i>		Date: <i>7/17/04</i>		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					