
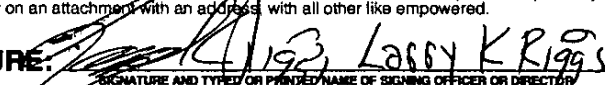


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90003 038 ****61.25

DOCUMENT # N16334					
1. Entity Name LAKEVIEW AT THE HAMMOCKS CONDOMINIUM P 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		
2. Principal Place of Business		3. Mailing Address		05042005 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2779430	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRIAY, CARLOS 12570 NW 27 ST STE 103 MIAMI, FL 33172			3750 N.W. 87 th Avenue Suite 100 Doral, Florida 33178		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 7, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LINZE, MARLYN		NAME	Riggs, Larry	
STREET ADDRESS	9727 HAMMOCKS BLVD # 206		STREET ADDRESS	9731 Hammocks Blvd. #B-206	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	Miami, FL 33196	
TITLE	DT	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUSICES, CESAR		NAME	Jimenez De Young, Carla	
STREET ADDRESS	9703 HAMMOCKS BLVD #103		STREET ADDRESS	9731 Hammocks Blvd. #B-207	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	Miami, FL 33196	
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'LEARY, ROSEMARY		NAME	Saavedra, Pedro	
STREET ADDRESS	9725 HAMMOCKS BLVD # 106		STREET ADDRESS	8407 SW 137 Avenue	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	Miami, FL 33183	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KLOVEKORN, HENRY		NAME	Leftwich, Jed	
STREET ADDRESS	515 LEUNGA AVE		STREET ADDRESS	9707 Hammocks Blvd. #N-107	
CITY-ST-ZIP	MIAMI, FL 33146		CITY-ST-ZIP	Miami, FL 33196	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ROBERT		NAME	Luaces, Cesar	
STREET ADDRESS	9723 HAMMOCKS BLVD # 104		STREET ADDRESS	9703 Hammocks Blvd. # P-103	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	Miami, FL 33196	
TITLE		<input checked="" 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 like empowered.					
SIGNATURE: 			Date: 5-12-05 (305) 378-0130		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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