

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90076 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

40046813



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03262006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
59-2779430

Applied For
 Not Applicable

Zip

Country

Zip

Country

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
12570 NW 27 ST
STE 103
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, 2006

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 B206
 CITY-ST-ZIP MIAMI, FL 33196

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD Delete
 NAME JIMENEZ DE YOUNG, CARLA
 STREET ADDRESS 9731 HAMMOCKS BLVD B207
 CITY-ST-ZIP MIAMI, FL 33196

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE TD Delete
 NAME SEAVEDRA, PEDRO
 STREET ADDRESS 8404 SW 137 AVENUE
 CITY-ST-ZIP MIAMI, FL 33183

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME LEFTWICH, JED
 STREET ADDRESS 9707 HAMMOCKS BLVD N107
 CITY-ST-ZIP MIAMI, FL 33196

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VPD Delete
 NAME LUNIES, CESAR
 STREET ADDRESS 9703 HAMMOCKS BLVD P103
 CITY-ST-ZIP MIAMI, FL 33196

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 like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/06

Date

305 378 0130

Daytime Phone #