

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90017 033 ****61.25

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01042007 Chg-NP CR2E037 (12/06)

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2779430	
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		
TRIAI, CARLOS 12570 NW 27 ST STE 103 MIAMI, FL 33172			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		FL
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 May 1, 2007		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	PD	<input type="checkbox"/> Delete		TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIGGS, LARRY			NAME	Gray, Russell
STREET ADDRESS	9731 HAMMOCKS BLVD B206			STREET ADDRESS	9723 Hammocks Blvd. #G-203
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP	Miami, FL 33196
TITLE	TD	<input type="checkbox"/> Delete		TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEAVEDRA, PEDRO			NAME	Saavedra, Pedro
STREET ADDRESS	8404 SW 137 AVENUE			STREET ADDRESS	8407 SW 137 Avenue
CITY-ST-ZIP	MIAMI, FL 33183			CITY-ST-ZIP	Miami, FL 33183
TITLE	D	<input type="checkbox"/> Delete		TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEFTWICH, JED			NAME	Leftwich, Jed
STREET ADDRESS	9707 HAMMOCKS BLVD N107			STREET ADDRESS	9707 Hammocks Blvd. #N-107
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP	Miami, FL 33196
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNIES, CESAR			NAME	Luaices, Cesar
STREET ADDRESS	9703 HAMMOCKS BLVD P103			STREET ADDRESS	9703 Hammocks Blvd. # P-103
CITY-ST-ZIP	MIAMI, FL 33196			CITY-ST-ZIP	Miami, FL 33196
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
RECEIVED FEB 22 2007 CIU REV/ADM					
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: _____ Date: 2/28/07 Daytime Phone # _____					