

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT



FILED

07 JUL 11 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



06152007 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	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 _____					

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME	PD RIGGS, LARRY 9731 HAMMOCKS BLVD B206 MIAMI, FL 33196	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400108638764 07/24/07--01051--001 **\$1.25
TITLE NAME	VPB SEAVEDRA, PEDRO 8404 SW 137 AVENUE MIAMI, FL 33183	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD
TITLE NAME	TD LEFTWICH, JED 9707 HAMMOCKS BLVD N107 MIAMI, FL 33196	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	SD LUNIES, CESAR 9703 HAMMOCKS BLVD P103 MIAMI, FL 33196	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	D GRAY, RUSSELL 9723 HAMMOCKS BLVD. #G-203 MIAMI, FL 33196	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD
TITLE NAME	B 7/13/07 [Handwritten signature/initials]	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D QUINTERO, BEATRIZ 9707 Hammocks Blvd # N-208 Miami FL 33196

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: PEDRO SAAVEDRA 7/6/07 (305)378-0130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #