2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

| DOCUMENT # N16334 1 1. Entity Name LAKEVIEW AT THE HAMMOCKS CONDOMINIUM P ASSOCIATION, INC. | | | | | | | | | | 07 | | ED | ו ד | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|--------------|------------------|---------------|----------------------------------------------------|--------------------------|-------------------------------------------------------------|--------------|----------------------|---------------------------------|------------|--|
| Principal Place of Business C/O MIAMI MANAGEMENT, INC. C/O MIAMI MANAGEMENT, INC. C/O MIAMI MANAGEMENT 14275 SW 142 AVE MIAMI, FL 33186 US MIAMI, FL 33186 US | | | | | | _ | | | Q7 JUL II PM 3: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | - | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, ε | | | | | te, Apt. #, etc. | etc. | | | 06152007 | Chg-NP | CR2E | 037 (12/06) | | |
| City & State | | | | City & State | | | | | 4. FEI Number 59-27794 | 130 | | | oplied For | |
| Zip | Country | | | Zip | | | ntry | 5. Certificate of Status | | | \$8.75 Additional | | | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. Name and Address of New Registered Agent Name | | | | | | | |
| TRIAY, CARLOS 12570 NW 27 ST | | | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | | |
| STE 103 | | | | | | | Circle Accioss (1.0. Dax Hamber is Hot Acceptable) | | | | | | | |
| MIAMI, FL 33172 | | | | | | | City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | | |
| Amended AR is \$61.25 9. Election Campaign Financing Trust Fund Contribution. | | | | | | | | | \$5.00 May Be Added to Fees | | | ck payable t artment of S | | |
| 10. OFFICERS AND DIRECTORS | | | | | | 11. | | A | DDITIONS/CHAN | GES TO OFFIC | ERS AND D | | | |
| NAME. | PD RIGGS, LARRY | | | | | | | | 400 | 01069 | 638 | ☐ Change ? ☐ 4 | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | | ET 400105638 ET ADORESS 07/24/070105100 | | | 1001 | **81.3 | 25 | | |
| TITLE | ¥PD- □ Delete SEAVEDRA, PEDRO | | | | | | | PP |) | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | ss 8404 SW 137 AVENUE | | | | | | | , , | | | | • | | |
| TITLE | MIAMI, FL 33183 | | | | | | | | | | | ☐ Change | ☐ Addition | |
| NAME | LEFTWICH, JED | | | | | | | | | | | | | |
| STREET ADORESS CITY-ST-ZIP | MIAMI, FL 33196 | | | | | | | | | | | | | |
| TITLE NAME | SD LUNIES, 0 | ESAR | | _ | ☐ Delete | TITLE NAME | | <u>-</u> | | | | ☐ Change | ☐ Addition | |
| STREET ADDRESS CITY-ST-ZIP | 1 | MOCKS BLVD | P103 | | | 1 | T ADIDRESS ST-ZIP | | | | | | | |
| TITLE | Đ- | | | | ☐ Delete | TITLE | | VP | Q | | | Change | Addition | |
| NAME STREET ADORESS | | | | | | | T ADDRESS | • | • | | | • | | |
| CITY-ST-ZIP | MIAMI, FL | 33196 | | _ | Delete | CITY-: | ST-ZIP | D | | | | Change | Addition | |
| NAME | | \cap | 10 | _ | 7 | NAME | T ADDRESS | QuII | NTERO, B 7 Hamma | SEAT RIZ | <u>.</u> 1.1.4. # | 17:200 | X | |
| STREET ADDRESS CITY-ST-ZIP | | <u> 2 ' 11</u> | 15 | 0 | | | ST-ZIP | Mia | mi FC | 33196 | 2 | , 5 550 | | |
| 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 employmental 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 | | | | | | | | | | | | ٠ ١ | | |