

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16334

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: LAKEVIEW AT THE HAMMOCKS CONDOMINIUM P ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O MIAMI MANAGEMENT, INC.  
14275 SW 142 AVE  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O MIAMI MANAGEMENT, INC.  
14275 SW 142 AVE.  
MIAMI, FL 33186 US

**New Mailing Address:**

FEI Number: 59-2779430      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRIAI, CARLOS  
12570 NW 27 ST  
STE 103  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

TRIAI, CARLOS  
2301 NW 87 AVE.  
STE 501  
MIAMI, FL 33172 US

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.

SIGNATURE: JANINE OLIVEIRA

04/24/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: QUINTERO, BEATRIZ  
Address: 9707 HAMMOCKS BLVD #N-208  
City-St-Zip: MIAMI, FL 33196

Title: PD ( ) Delete  
Name: SEAVEDRA, PEDRO  
Address: 8404 SW 137 AVENUE  
City-St-Zip: MIAMI, FL 33183

Title: TD ( ) Delete  
Name: LEFTWICH, JED  
Address: 9707 HAMMOCKS BLVD N107  
City-St-Zip: MIAMI, FL 33196

Title: SD ( ) Delete  
Name: LUNIES, CESAR  
Address: 9703 HAMMOCKS BLVD P103  
City-St-Zip: MIAMI, FL 33196

Title: VD ( ) Delete  
Name: GRAY, RUSSELL  
Address: 9723 HAMMOCKS BLVD. #G-203  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JANINE OLIVEIRA

MGR.

04/24/2009

Electronic Signature of Signing Officer or Director

Date