

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16334

FILED  
Jan 16, 2012  
Secretary of State

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

**Current Principal Place of Business:**

C/O GUARANTEE MANAGEMENT SERVICES, INC.  
6925 NW 42 STREET  
MIAMI, FL 33166 US

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GUARANTEE MANAGEMENT SERVICES, INC.  
6925 NW 42 STREET  
MIAMI, FL 33166 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:**

STEVEN FEIN, ESQ.  
900 SW 40 STREET  
PLANTATION, FL 33317 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: GRAY, RUSSELL  
Address: 6925 NW 42 STREET  
City-St-Zip: MIAMI, FL 33166 US

Title: VPD  
Name: KLOVEKORN, HENRY  
Address: 6925 NW 42 STREET  
City-St-Zip: MIAMI, FL 33166 US

Title: SD  
Name: ZULUAGA, BIANCA  
Address: 6925 NW 42 STREET  
City-St-Zip: MIAMI, FL 33166 US

Title: TD  
Name: CAMPANA MARTES REYES, EFFAIN  
Address: 6925 NW 42 STREET  
City-St-Zip: MIAMI, FL 33166 US

I hereby 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 all other like empowered.

SIGNATURE: RUSSELL GRAY

PD

01/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date