FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

Daylime Phone # 0078495

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

SIGNATURE:

N17109

(2)

LAKEVIEW AT THE HAMMOCKS CONDOMINIUM N ASSOCIATION, INC.

ON, INC.											
Principal Place	e of Business	Mailing Address					i obbision and stock obbits india sold		ON DIBIL DIGIT I	TIEIL EIGH IGAL	
MIAMI MANAEMENT. INC. 142L75 SW 142 AVE MIAMI FL 33186		MIAMI MANAGEMENT. INC. 1427L5 SW 142 AVE MIAMI FL 33188									
US		U\$					3. Date Incorporated or Qualified 10/03/1986	3a. Da	02/21/19	eport)96	
2. Principal P	ace of Business	2a. Mailing Address 26					4. FEI Number 59-2777943			pplied For ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State		City & State	City & State				6. Election Campaign Financing		\$5.00	May Be	
Zip Country		Zip	Zip Country				Trust Fund Contribution 8 This corporation has liability for	intengible		to Fees	
24	25	29	30				8. This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No				
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New Re	gistered	Agent		
7044	04NI 00			81	Name		·				
TRIAY, CARLOS 999 PONCE DE LEON BLVD.		62 S			Street	Addres	s (P.O. Box Number is Not Acceptal	ole)			
#1110				83							
CORAL	GABLES FL 33134			84	City			FL	85 Zip	Code	
11. Pursuant office or reagent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 617.1508, Florida State of Florida. Such change was tions of, Section 617.0503, F	utes, the at authorized forida Stat	d by utes	-named the cor	corpora poration	ation submits this statement for the o's board of directors. I hereby acce	ourpose of pt the app	changing it ointment as	is registered registered	
	Signature, typed or printed name of registered ager	nt and little if applicable (NO	TE: Registered	d Age	nt signature	e required	when rainstating)	DATE			
12.	OFFICERS AND		13.				ADDITIONS/CHANGES TO OFFI	CERS AND) DIRECTOR		
TITLE	PD DELETE		1.1 1/1			{			Change	Addition	
NAME CTREET ADDRESS	RIGGS, LARRY 9731 HAMMOCKS BLVD B20	R	1,2 N/		ADDRESS						
STREET ADDRESS CITY-ST-ZIP	MIAMI FL	V				}					
TITLE	VD DELETE			1.4 CITY-ST-ZIP 2.1 TITLE					Change	Addition	
NAME	KLOVKORN, HANK	, ·		2.2 NAME					-		
STREET ADDRESS	9715 HAMMOCKS BLVD 1206		2.3 STRE		ADDRESS	İ					
CITY-ST-ZIP	MIAMI FL		240	ΠY-S	ST-ZIP					'	
TITLE	\$D	DELETE	3.1 Tr	TLE		1			Change	Addition	
NAME	NORMAN, CONNIE		3.2 NA	AME							
STREET ADDRESS	9725 HAMMOCKS BLVD F10	1	3.3 \$1	TREET	address	•					
CITY-ST-ZIP	MIAMI FL		3.4. C	ITY-S	ST-ZIP	<u> </u>					
TITLE	1	DELETE	4.1 7(TLE		2	. 44.4 .		☐ Change	Addition	
NAME			4. 2 N			7%	VIGIL MY DUX				
STREET ADDRESS					ADDRESS	146	175 OW AZ AVE. 11AM1, FL. 83184				
CITY-ST-7IP					111	10101 11. 00154		Change	Addition		
TITLE		TT neres	5.1 Tr			İ			Change	mi vooron	
NAME			5.2 NJ			1					
STREET ADDRESS					ADDRESS						
CITY-ST-ZIP		DELETE	5.4 CI		T-ZIP	 	<u> </u>		Change	Addition	
TITLE		□ bereit	6.1 TI			-	•		T AMBURG		
NAME			6.2 N/								
STREET ADDRESS			■ 63 ST	REET	address	1				l	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplementar annual 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 empower of to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with an address.