

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17109

**FILED**  
**Jan 02, 2019**  
**Secretary of State**  
**CC7429850462**

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

**Current Principal Place of Business:**

C/O BRICKELL PROPERTY MANAGEMENT, INC.  
14373 S.W. 142 STREET  
MIAMI, FL 33186

**Current Mailing Address:**

C/O BRICKELL PROPERTY MANAGEMENT, INC.  
14373 S.W. 142 STREET  
MIAMI, FL 33186 US

**FEI Number: 59-2779438**

**Certificate of Status Desired: No**

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

TRIAI, CARLOS A PA  
2301 NW 87TH AVE  
SUITE 501  
DORAL, 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:** CARLOS A TRIAY, PA

01/02/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            IBANEZ, ESTEBAN E.  
Address        C/O BRICKELL PROPERTY MANAGEMENT, INC.  
                  14373 S.W. 142 STREET  
City-State-Zip: MIAMI FL 33186

Title            SECRETARY, DIRECTOR  
Name            MADINABEITIA, IGNACIO  
Address        C/O BRICKELL PROPERTY MANAGEMENT, INC.  
                  14373 S.W. 142 STREET  
City-State-Zip: MIAMI FL 33186

Title            TREASURER, DIRECTOR  
Name            OLAYA, EFRAIN  
Address        C/O BRICKELL PROPERTY MANAGEMENT, INC.  
                  14373 S.W. 142 STREET  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            DEPASS, CHARLES R.  
Address        C/O BRICKELL PROPERTY MANAGEMENT, INC.  
                  14373 S.W. 142 STREET  
City-State-Zip: MIAMI FL 33186

*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:** ESTEBAN IBANEZ

**PRESIDENT**

01/02/2019

Electronic Signature of Signing Officer/Director Detail

Date