

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17109

FILED
Jan 22, 2024
Secretary of State
3500737032CC

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

01/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title TREASURER
Name SHAQRA, MAHER A
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

Title VP
Name SCHMIDT, CAROLYN
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: CHARLES DEPASS

PRESIDENT

01/22/2024

Electronic Signature of Signing Officer/Director Detail

Date