

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 746649 (3)  
1. Corporation Name  
HAMMOCK AT COCONUT CREEK ASSOCIATION, INC.



Principal Place of Business Mailing Address  
10001 W OAKLAND PK BLVD  
STE 300  
SUNRISE FL 33351  
US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 29 Country

3. Date Incorporated or Qualified 04/05/1979 3a. Date of Last Report 02/13/1995  
4. FEI Number 59-1976369 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
AMORIELLO, PATRICK L.  
GOLD COAST PROPERTY MANAGEMENT, INC.  
10001 WEST OAKLAND PARK BLVD  
SUNRISE FL 33351

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
TITLE PD  
NAME BLANKEN, MARY  
STREET ADDRESS 1778 MAPLEWOOD CIR  
CITY-STATE-ZIP COCONUT CREEK FL 33063  
TITLE VD  
NAME FERINA, JOHN  
STREET ADDRESS 1762 MAPLEWOOD CIR  
CITY-STATE-ZIP COCONUT CREEK FL  
TITLE SD  
NAME HERSH, LEON  
STREET ADDRESS 4713 SATINWOOD TRAIL  
CITY-STATE-ZIP COCONUT CREEK FL  
TITLE D  
NAME SANDERS, CHARLES  
STREET ADDRESS 1807 TAMARIND LANE  
CITY-STATE-ZIP COCONUT CREEK FL 33063  
TITLE TD  
NAME SCHUMAN, DAVID  
STREET ADDRESS 1800 SATINWOOD CIR  
CITY-STATE-ZIP COCONUT CREEK FL 33063  
TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE SECRETARY  
12 NAME BARON, AUDREY  
13 STREET ADDRESS 4704 SATINWOOD TRAIL  
14 CITY-STATE-ZIP COCONUT CREEK, FL 33063  
21 TITLE DIRECTOR  
22 NAME BRENNER, JAY  
23 STREET ADDRESS 1793 MAPLEWOOD TRAIL  
24 CITY-STATE-ZIP COCONUT CREEK, FL 33063  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP  
41 TITLE VICE-PRESIDENT  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

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

SIGNATURE: David Schuman DAVID SCHUMAN 2/5/96 954-971-8316  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)