

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 746649 (3)
1. Corporation Name
HAMMOCK AT COCONUT CREEK ASSOCIATION, INC.Principal Place of Business Mailing Address
10001 W OAKLAND PK BLVD 10001 W OAKLAND PARK BLVD
STE 300 300
SUNRISE FL 33351 SUNRISE FL 33351-6925
US US

3. Date Incorporated or Qualified 04/05/1979 3a. Date of Last Report 02/19/1996

2. Principal Place of Business 21 AEM Property 3475 N. HARTUS RD SUNRISE FL 33351	2a. Mailing Address 26 AEM Property 3475 N. HARTUS RD SUNRISE FL 33351	4. FEI Number 59-1976369	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMORIELLO, PATRICK L.
GOLD COAST PROPERTY MANAGEMENT, INC.
10001 WEST OAKLAND PARK BLVD
SUNRISE FL 33351

81 Name Malcolm H Walden III	82 Street Address (P.O. Box Number is Not Acceptable) 3475 HARTUS Road	83 City SUNRISE	84 State FL	85 Zip Code 33351
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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]* (NOTE: Registered Agent signature required when reinstating) DATE 2/20/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BLANKEN, MARY		1.2 NAME	
STREET ADDRESS 1778 MAPLEWOOD CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT CREEK FL		1.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BARON, AUDREY		2.2 NAME	
STREET ADDRESS 4704 SANTINWOOD TRAIL		2.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT CREEK FL		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRENNER, JAY		3.2 NAME	
STREET ADDRESS 1793 MAPLEWOOD TRAIL		3.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT CREEK FL		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SANDERS, CHARLES		4.2 NAME	
STREET ADDRESS 1807 TAMARIND LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT CREEK FL		4.4 CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHUMAN, DAVID		5.2 NAME	
STREET ADDRESS 1800 SATINWOOD CIR		5.3 STREET ADDRESS	
CITY-ST-ZIP COCONUT CREEK FL		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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: *[Signature]* DAVID SCHUMAN - TREASURER 3/22/97 954 971-8316
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0037945

CR2E037 (9/96)