

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 746649

1. Entity Name

HAMMOCK AT COCONUT CREEK ASSOCIATION, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90088 014 ****61.25

Principal Place of Business

HAMMOCK AT COCONUT ASSO.
1796 CEDAR DR.
COCONUT CREEK FL 33063
US

Mailing Address

HAMMOCK AT COCONUT ASSO.
1796 CEDAR DR.
COCONUT CREEK FL 33063-3817
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1976369

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHUMAN, DAVID
1800 SATINWOOD CIRCLE
COCONUT CREEK FL 33-0063

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLANKEN, MARY	
STREET ADDRESS	1778 MAPLEWOOD CIR	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LIHERSH, LEON	
STREET ADDRESS	4713 SATINWOOD TRAIL	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BRENNER, JAY	
STREET ADDRESS	1793 MAPLEWOOD TRAIL	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, CHARLES	
STREET ADDRESS	1807 TAMARIND LANE	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SCHUMAN, DAVID	
STREET ADDRESS	1800 SATINWOOD CIR	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	ZUCKERMAN, MAX	
STREET ADDRESS	4719 SATINWOOD TRAIL	
CITY-ST-ZIP	COCONUT CREEK FL 33063	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David Schuman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID SCHUMAN 1/7/00 954-971-8316
Date Daytime Phone #

CR2E037 (9/99)