

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90048 021 \*\*\*\*61.25

**DOCUMENT # 746649**

1. Entity Name

**HAMMOCK AT COCONUT CREEK ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1976369**

Applied For

Not Applicable

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

KRIMSKY, BARBARA  
 1801 CEDAR DRIVE  
 COCONUT CREEK FL 33063

Name **Barbara Krinsky**

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

**1801 Cedar Drive**

City **Coconut Creek**

FL

Zip Code **33063**

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 **Barbara Krinsky**

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** ☐ Delete  
 NAME **SANDERS, CHARLES**  
 STREET ADDRESS **1807 TAMARIND**  
 CITY-ST-ZIP **POMPANO BEACH FL 33063**

TITLE **T D** ☒ Change ☐ Addition  
 NAME **KRIMSKY, BARBARA**  
 STREET ADDRESS **1801 CEDAR DRIVE**  
 CITY-ST-ZIP **COCONUT CREEK, FL. 33063**

TITLE **VPD** ☒ Delete  
 NAME **SCHUMAN, DAVID**  
 STREET ADDRESS **1800 SATINWOOD CIRCLE**  
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **S D** ☒ Change ☐ Addition  
 NAME **POOLE, SANDRA**  
 STREET ADDRESS **1812 TAMARIND LANE**  
 CITY-ST-ZIP **COCONUT CREEK, FL 33063**

TITLE **D** ☒ Delete  
 NAME **KRIMSKY, BARBARA**  
 STREET ADDRESS **1801 CEDAR DRIVE**  
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **D** ☐ Change ☒ Addition  
 NAME **BOYARS, EUGENE**  
 STREET ADDRESS **PO Box 934236**  
 CITY-ST-ZIP **MARGATE FL. 33093**

TITLE **TD** ☒ Delete  
 NAME **KNOWLES, SALLY**  
 STREET ADDRESS **1798 SATINWOOD CIRCLE**  
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **D** ☐ Change ☒ Addition  
 NAME **inardone-Penny**  
 STREET ADDRESS **1830 Tamarind Lane**  
 CITY-ST-ZIP **Coconut Creek FL. 33063**

TITLE **VPD** ☐ Delete  
 NAME **FORMISANO, JERRY**  
 STREET ADDRESS **1798 MAPLEWOOD TRAIL**  
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **D** ☐ Change ☒ Addition  
 NAME **Weiner Joseph**  
 STREET ADDRESS **PO Box 934236**  
 CITY-ST-ZIP **Margate FL. 33093**

TITLE **D** ☒ Delete  
 NAME **POOLE, SANDRA**  
 STREET ADDRESS **1812 TAMARIND LANE**  
 CITY-ST-ZIP **COCONUT CREEK FL 33063**

TITLE **D** ☐ Change ☐ Addition  
 NAME **Weiner Joseph**  
 STREET ADDRESS **PO Box 934236**  
 CITY-ST-ZIP **Margate FL. 33093**

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:

*[Signature]*

3/14/02

954-984-2886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)