


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09, 1999 8:00 am
Secretary of State

0028386

03-09-1999 90043 046 ****61.25

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N16599

1. Corporation Name
THE ATRIUM HOMES AT THE HAMMOCKS HOMEOWNERS ASSOCIATION INC.

| | |
|--|--|
| Principal Place of Business C/O MIAMI MANAGEMENT 14275 SW 142 AVENUE MIAMI FL 33196 | Mailing Address C/O MIAMI MANAGEMENT 14275 SW 142 AVENUE MIAMI FL 33196 |
|--|--|



| | | | | | |
|---|--|---|--|--|---|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 | 3. Date Incorporated or Qualified 09/02/1986 | 4. FEI Number 59-2811892 Applied For Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|---|--|--|---|

| | |
|--|--|
| 9. Name and Address of Current Registered Agent TRIAY, CARLOS A ESQ 999 PONCE DE LEON BLVD. STE. 110 CORAL GABLES FL 33134 | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DV GONZALEZ, TEREZHNA 11070 SW 155TH PL MIAMI FL 33196 <input checked="" type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | President / Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TONY Cabrera 11080 SW 155 Place Miami FL 33196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST MCPHERSON, JOHN 10951 SW 155 PLACE MIAMI FL 33196 <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD CABRERA, GILDINA 11080 SW 155 PLACE MIAMI FL 33196 <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | VP / D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gildina Cabrera 11080 SW 155 Place Miami FL 33196 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. 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 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, with all other like empowered.

SIGNATURE: _____ DATE: _____ DAYTIME PHONE #: _____

CR2E037 (11/98)