

FILE NUM: THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 15!

FD-200 (11-83)

CORPORATION  
ANNUAL REPORT  
1990



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

JUL 16 1990

Overseas and Foreign Corporations - Please Make Entry in the  
Billing Box of 435-2000 and Make Checks Payable To Secretary of State P.O.

1. Name and address of corporation, firm or other

*N16599*

ATRIUM HOMES AT THE HAMMOCKS  
HOMEOWNERS ASSOCIATION, INC.

Multiple address of corporation if any may enter the correct address  
in the Billing Box of 435-2000

2. Street address of corporation, firm or other (do not use P.O. Box number unless the name of the corporation can be changed only by filing an amendment)

Street Address 21  
c/o Miami Management, Inc.

P.O. Box No. 22  
11941 S.W. 144 Street

City and State 23  
Miami, FL

Zip Code 24  
33186

3. Date incorporation or last filed 12/20/85  
4. FEI Number 59-2811892  
5. Filing date of 1990 Annual Report (do not use P.O. Box number unless the name of the corporation can be changed only by filing an amendment)

Title	Name of Officers and Directors	Street Address of Each Officer and Director (do NOT use Post Office Box numbers)	City and State
P/D	LIPSCOMB, MARK	15562 SW 111 Terrace	MIAMI, FL
VP/D	FROST, FRED	10961 SW 155 Place	MIAMI, FL
T/D	ELALOUP, ADRIENNE	15560 SW 111 Terrace	MIAMI, FL
S/D	KINSORA-JOSEPH, PEGGY	15566 SW 111 Terrace	MIAMI, FL
D	SANCHEZ, CARLOS	11060 SW 155 Place	MIAMI, FL
D	MCPHERSON, JOHN R.	10951 SW 155 Place	MIAMI, FL

REGISTERED AGENT INFORMATION

1. Registered Agent of corporation, firm or other

Name of

Carlos A. Triay, Esq.

Street Address 1 (do not use P.O. Box numbers)

250 Bird Road

Street Address 2 (do NOT use P.O. Box numbers)

Suite #301

City and State 84

Coral Gables

FL

Zip Code 85

33146

6. I, Mark M. Lipscomb, Secretary of State, do hereby certify that the above named corporation, firm or other is incorporated under the laws of the State of Florida, and that the above named corporation, firm or other is in compliance with the provisions of Chapter 607, Florida Statutes, and that the above named corporation, firm or other is in compliance with the provisions of Chapter 607, Florida Statutes, and that the above named corporation, firm or other is in compliance with the provisions of Chapter 607, Florida Statutes.

SIGNATURE *Mark M. Lipscomb*

DATE *5/14/90*  
*WB 7-14-90*

10. I, Mark M. Lipscomb, Secretary of State, do hereby certify that the above named corporation, firm or other is in compliance with the provisions of Chapter 607, Florida Statutes, and that the above named corporation, firm or other is in compliance with the provisions of Chapter 607, Florida Statutes, and that the above named corporation, firm or other is in compliance with the provisions of Chapter 607, Florida Statutes.

SIGNATURE *Mark M. Lipscomb*

DATE *6/2/90*

Typed Name of Signer, Officer or Director Title Telephone Number

Mark Lipscomb

President

(305) 387-7679

CERTIFICATE OF STATUS DESIRED

Additional Fee required for a Certificate of Status