

File Now. Filing Fee after May 1 is \$225.00

**CORPORATION
ANNUAL REPORT
1993**



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

1. Name and Mailing Address of Corporation **DOCUMENT # N16599**
**THE ATRIUM HOMES AT THE HAMMOCKS HOMEOWNERS
C/O MIAMI MANAGEMENT, INC. ASSOCIATION, INC.**
**11941 SW 144TH ST
MIAMI FL 33186-8110**

DO NOT WRITE IN THIS SPACE

2. Filing Fee
ANNUAL REPORT \$61.25 + \$126.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

3. Date of Incorporation or Qualification **12/20/1985**
3a. Expiration Date **03/24/1992**
4. FEI Number **592683226**

5. Mailing Address
26. Principle Place of Business
27. State, Apt. #, etc.
28. City & State
29. City & State
30. Country

6. Certificate of Status Unrevised **\$8.75** Annual Fee Required
7. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
8. Nonprofit with 501(c)(3) Status **\$138.75** Supplemental Fee Not Required
9. This corporation has liability for intangible tax under § 199.033, Florida Statutes Yes No

8. Name and Address of Current Registered Agent
**TRIAJ, CARLOS A., ESO.
250 BIRD RD.
SUITE 301
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number for P.A. include)
83.
84. City **FL** 85. Zip Code 86. Country

11. Pursuant to the provisions of Sections 607.06(2) and 607.06(3) of the Florida Statutes, the undersigned hereby certifies that the information furnished herein is true and correct to the best of his or her knowledge and belief, and that the corporation is in compliance with the provisions of Sections 607.06(2) and 607.06(3) of the Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

11 TITLE	D
12 NAME	LIPSCOMB, MARK
13 ADDRESS	15562 SW 111 TERR.
14 CITY ST ZIP	MIAMI FL
21 TITLE	P/D
22 NAME	FROST, FREDERICK, III
23 ADDRESS	10951 SW 155TH PLACE
24 CITY ST ZIP	MIAMI FL
31 TITLE	T/D
32 NAME	ELALOUF, ADRIENNE
33 ADDRESS	15560 SW 111 TERR.
34 CITY ST ZIP	MIAMI FL
41 TITLE	S/D
42 NAME	KINSORA-JOSEPH, PEGGY
43 ADDRESS	15566 SW 111 TERR.
44 CITY ST ZIP	MIAMI FL
51 TITLE	
52 NAME	
53 ADDRESS	
54 CITY ST ZIP	
61 TITLE	D
62 NAME	MCPHERSON, JOHN A.
63 ADDRESS	10951 SW 155 PLACE
64 CITY ST ZIP	MIAMI FL

13. OFFICERS, APPOINTED FINANCIAL AGENTS

11 TITLE	
12 NAME	
13 ADDRESS	
14 CITY ST ZIP	
21 TITLE	
22 NAME	
23 ADDRESS	
24 CITY ST ZIP	
31 TITLE	
32 NAME	
33 ADDRESS	
34 CITY ST ZIP	
41 TITLE	
42 NAME	
43 ADDRESS	
44 CITY ST ZIP	
51 TITLE	
52 NAME	
53 ADDRESS	
54 CITY ST ZIP	
61 TITLE	
62 NAME	
63 ADDRESS	
64 CITY ST ZIP	

14. I certify that the information furnished on this report is true and correct to the best of my knowledge and belief, and that the corporation is in compliance with the provisions of Sections 607.06(2) and 607.06(3) of the Florida Statutes, and that my signature on this report is required by Chapter 607 of the Florida Statutes, and that my signature is in full compliance with the provisions of Sections 607.06(2) and 607.06(3) of the Florida Statutes.

SIGNATURE *Fred Frost* (with 4-13-93)
Print Name of Signing Officer or Director **Fred Frost** Title **President** Daytime Telephone Number **(305) 386-5347**

CORPORATION