

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Mar 10, 2009  
Secretary of State

DOCUMENT# N16599

Entity Name: THE ATRIUM HOMES AT THE HAMMOCKS HOMEOWNERS ASSOCIATION INC.

**Current Principal Place of Business:**

C/O MIAMI MANAGEMENT  
14275 SW 142 AVENUE  
MIAMI, FL 33196

**New Principal Place of Business:**

C/O COURTESY PROPERTY MGMT  
13250 SW 135 AVENUE  
MIAMI, FL 33186 US

**Current Mailing Address:**

C/O MIAMI MANAGEMENT  
14275 SW 142 AVENUE  
MIAMI, FL 33196

**New Mailing Address:**

C/O COURTESY PROPERTY MGMT  
13250 SW 135 AVENUE  
MIAMI, FL 33186 US

FEI Number: 59-2811892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

TRIAIY, CARLOS A ESQ  
3750 NW 87TH AVE  
STE 100  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: CABRERA, TONY  
Address: 11080 SW 155TH PL  
City-St-Zip: MIAMI, FL 33196

Title: SD ( ) Delete  
Name: KRAMER, SANDRA  
Address: 15541 SW 109 TERRACE  
City-St-Zip: MIAMI, FL 33196

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: ARMSTRONG, EDGARD MR  
Address: 15521 SW 109 TERRACE  
City-St-Zip: MIAMI, FL 33196 US

Title: VPD (X) Change ( ) Addition  
Name: CONTRACTOR, NORALIS MS  
Address: 11001 SW 155 PLACE  
City-St-Zip: MIAMI, FL 33196 US

Title: SD ( ) Change (X) Addition  
Name: KONAWICZ, EDWARD MR  
Address: 11091 SW 155 PLACE  
City-St-Zip: MIAMI, FL 33196 US

Title: TD ( ) Change (X) Addition  
Name: RICHTER, PATRICIA MS  
Address: 15562 SW 11 TERRACE  
City-St-Zip: MIAMI, FL 33196 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDGARD ARMSTRONG

PD

03/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date