

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N93000003010 (6)**

1. Corporation Name

**VILLAS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
COURTESY PROPERTY MANAGEMENT STE 140 13500 N KENDALL DR MIAMI FL 33186 US	COURTESY PROPERTY MGT STE 140 13500 N KENDALL DR MIAMI FL 33186 US

3. Date Incorporated or Qualified <b>06/29/1993</b>	3a. Date of Last Report <b>06/02/1995</b>
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2. Principal Place of Business	2a. Mailing Address
21 <b>Courtesy Property Mgt.</b> Suite, Apt. #, etc. 22 <b>STE B250 9390 SUNSET DR.</b> City & State 23 <b>Miami Florida</b> Zip 24 <b>33173</b>	26 <b>Courtesy Property MGT</b> Suite, Apt. #, etc. 27 <b>STE B250 9390 SUNSET DR.</b> City & State 28 <b>Miami Florida</b> Zip 29 <b>33173</b>

4. FEI Number <b>65-0348927</b> <b>APPLIED FOR</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIEGFRIED, KIPNIS R 201 ALHAMBRA CIRCLE STE 1102 CORLA GABLES FL 33134	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ACOSTA, PETER 10566 NORTHWEST 26TH STREET MIAMI FL 33172 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PTD CHARL C. MYBURGH 10010 SW 154 PLACE #110 MIAMI, FL 33196-3797 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ, JIM 10566 NORTHWEST 26TH STREET MIAMI FL 33172 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V.P./Treasurer Lawrence S. Samuels 10240 SW 154 Circle Ct. #108 MIAMI, FL 33196-2699 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEREZ, PURA 10566 NORTHWEST 26TH STREET MIAMI FL 33172 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Secretary/Director Corey P. Cohen 10130 SW 154 Circle Ct #105 MIAMI, FL 33196-3793 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *C. C. Myburgh* - PRESIDENT Date: 3/1/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)