## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

1996

N9300003010 (6)

VILLAS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION. INC.

Principal Place of Business

Mailing Address



Zip Country Zip Country Sip Country 8. This corporation has liability for intangible tax under s. 199.032,	STE 140 1350 MIAMI FL 3318 US  2. Principal Place 21 Court. Suite, Apt. #, 22 STE-B: City & State	US  De of Business  ESY Property Matter 28 Courtest Property set.  Suite, Apt. #, etc.  23 Syntage Dr., 27 SIE BASD 9380  City & State	L DR		S. Certificate of Status Desired     Section Campaign Financing	18921 DV \$	02/19 N 8.75 Fee R 55.00	pplied For ot Applicable Additional equired	
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TI. Pursuant to the provisions of Sections 617,1508, Forda Statutes, the above harmed corporation submits this statement for the purpose of changing its registered office 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 remiter with, and accept the obligatoris of, Section 817,503, Forda Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS:CHANGES TO OFFICERS AND DIRECTORS IN 12  11. THE PTO CHANGES TO OFFICERS AND DIRECTORS IN 12  12. OFFICERS AND DIRECTORS  13. ADDITIONS:CHANGES TO OFFICERS AND DIRECTORS IN 12  14. CHY-SI-2P  MIAMI FL 33172  15. ADDITIONS:CHANGES TO OFFICERS AND DIRECTORS IN 12  16. OFFICERS AND DIRECTORS IN 12  17. ADDITIONS:CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS:CHANGES TO OFFICERS AND DIRECTORS IN 12  19. OFFICERS AND DIRECTORS IN 12  29. OFFICERS AND DIRECTORS IN 12  29. OFFICERS AND DIRECTORS IN 12  29. OFFICERS AND DIRECTORS IN 12  19. OFFICERS AND DIRECTORS IN 12  19	201 ALHAMBRA CIRCLE STE 1102				82 Street Address (P.O. Box Number is Not Acceptable)				
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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.

Daytinie Prione #