

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

**FILED**

**Feb 09 1998 8:00am  
Secretary of State**

**NONPROFIT CORPORATION ANNUAL REPORT 1998**



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  
9380 SUNSET DRIVE SUITE B250  
MIAMI FL 33173  
US**

**COURTESY PROPERTY MGT  
9380 SUNSET DRIVE STE B250  
MIAMI FL 33173  
US**

3. Date Incorporated or Qualified

**06/29/1993**

4. FEI Number

**65-0348927**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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

**FL**

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 of 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **PTD**  
NAME **MYBURGH, CHARL C.**  
STREET ADDRESS **10210 SW 154 PLACE #110**  
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE **T/D**  
1.2 NAME **Hector Garcia**  
1.3 STREET ADDRESS **10235 SW 154 Pl. #108**  
1.4 CITY-ST-ZIP **Miami FL 33196**

TITLE **VPT**  
NAME **SAMUELS, LAWRENCE S.**  
STREET ADDRESS **10240 SW 154 CIRCLE COURT #108**  
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **S/D**  
2.2 NAME **William Rey**  
2.3 STREET ADDRESS **10235 SW 156 PL. #102**  
2.4 CITY-ST-ZIP **Miami FL 33196**

TITLE **SD**  
NAME **COHEN, COREY P.**  
STREET ADDRESS **10130 SW 154 CIRCLE COURT #105**  
CITY-ST-ZIP **MIAMI FL**

3.1 TITLE **D**  
3.2 NAME **Margaret Gomez**  
3.3 STREET ADDRESS **10101 SW 154 PL #110**  
3.4 CITY-ST-ZIP **Miami FL 33196**

TITLE  DELETE

4.1 TITLE  Change  Addition

TITLE  DELETE

5.1 TITLE  Change  Addition

TITLE  DELETE

6.1 TITLE  Change  Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*

*1/31/98*

CR2E037 (10/97)