

FILE NOW: FILING FEE IS \$61.25

FILED
May 13, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N 93000003010
 1. Corporation Name
 Villas at the Hammocks Condominium Association

Principal Place of Business LAND CAP PROPERTY SUE 13800 SW 144 AVE Rd. Miami, FL 33186	Mailing Address 13800 SW 144 AVE Rd. Miami, FL 33186
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 6/29/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-034 8927
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 24	Zip Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name	STEPHEN SUITS		
				82 Street Address (P.O. Box Number is Not Acceptable)	90 LAND CAP PROPERTY SUES		
				83	13800 SW 144 AVE Rd.		
				84 City	MIAMI	FL	85 Zip Code 33186

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: *[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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOEBS, BOBBIE BARBARA	1.2 NAME	
STREET ADDRESS	10245 SW 154 PL #112	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEON, BAINE	2.2 NAME	
STREET ADDRESS	10240 SW 154 CIR CT #105	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, COREY	3.2 NAME	
STREET ADDRESS	10130 SW 154 CIR CT #105	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OROZCO-SANCHEZ, SILVIA	4.2 NAME	
STREET ADDRESS	10171 SW 154 CIR CT #106	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATTERSON, TODD	5.2 NAME	
STREET ADDRESS	10151 SW 154 CIR CT #108	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33196	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Barbara C. Loeb, pres.* Date: 4/28/99 Daytime Phone # _____

CR2E037 (1/98)