

2001 UNIFORM BUSINESS REPORT (UBR)

05-02-2001 90196 036 ****61.25
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FILED

01 MAY 24 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # **N93600003610**
1. Entity Name
VILLAS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: **SEACOAST PROPERTY MGMT
14230 SW 73 STREET
MIAMI FL 33183-2947**
Mailing Address: **SEACOAST PROPERTY MGMT
PO BOX 832342
MIAMI FL 33283
US**

2. Principal Place of Business
3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **65-0348927** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**SKRLD, INC.
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES, FL 33134**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEARNS, DONALD 10245 SW 154 PLACE # 102 MIAMI FLORIDA 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHULER, THOMAS 10210 SW 154 PLACE # 112 MIAMI FLORIDA 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATERSON, TODD 10151 SW 154 CIRCLE COURT #108 MIAMI FLORIDA 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOEBS, BOBBY 10245 SW 154 PLACE #112 MIAMI FLORIDA 33196 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald P. Kearns, Jr.* **Donald P. Kearns, Jr.** 4-16-01 3054082552
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2ED37 (10/00)