

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90004 013 ****61.25

DOCUMENT # N93000003010

1. Entity Name

VILLAS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% SEACOAST PROPERTY MANAGEMENT, INC.
 14230 SW 73RD STREET
 MIAMI FL 33183-2947
 US

% SEACOAST PROPERTY MANAGEMENT, INC.
 14230 SW 73RD STREET
 MIAMI FL 33183-2947
 US

00020588



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

SEACOAST PROPERTY MANAGEMENT
 14230 SW 73 STREET

P O Box 83-2342

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

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

7. Name and Address of New Registered Agent

SKRLD, INC.
 201 ALHAMBRA CIRCLE
 SUITE 1102
 CORAL GABLES FL 33134

Name

DAVID A KOBRIN PA

Street Address (P.O. Box Number is Not Acceptable)

8900 SW 107 AVENUE

SUITE 206

City

MIAMI

FL

Zip Code
 33176

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

1/21/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	KEARNS, DONALD	10245 SW 154 PLACE #102	MIAMI FL 33196	<input type="checkbox"/>
VPD	PATTERSON, TODD	10151 S.W. 154TH CIRCLE CT., #108	MIAMI FL 33196	<input checked="" type="checkbox"/>
TD	SHULER, THOMAS	10210 SW 154 PLACE #112	MIAMI FL 33196	<input type="checkbox"/>
SD	LOEBS, BOBBI	10245 SW 154 PLACE #112	MIAMI FL 33196	<input type="checkbox"/>
VPD	VALIENTE, ANA	10151 SW 154 CIRCLE COURT	MIAMI, FLORIDA 33196	<input type="checkbox"/>
D	NURSE, FREDERICK	10131 SW 154 CIRCLE COURT	MIAMI FLORIDA 33196	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)