

**2008 NOT-FOR-PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

FILED

08 AUG 14 PM 2:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N93000003010	
1. Entity Name VILLAS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business 10220 SW 154 CIRCLE COURT MIAMI, FL 33196 US	Mailing Address C/O THE CONTINENTAL GROUP 11981 SW 144 CT MIAMI, FL 33186 US
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



40109290



01032008 Chg-NP CR2E037 (12/06)

4. FEI Number  
85-0348927 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

DAVID KOBRIN PA  
8900 SW 107 AVE  
STE 206  
CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name PAUL D. Bretner  
Street Address (P.O. Box Number is Not Acceptable)  
200 S. Biscayne Blvd Ste 1800  
City Miami FL Zip Code 33131

*update* →

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

Filing Fee is \$61.25 Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KEARNS, DONALD 10245 SW 154 PLACE #102 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D DESIMONE, MARY 10171 SW 154 CIRCLE COURT #112 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D NURSE, FREDERICK 10131 SW 154 CIRCLE COURT #110 MIAMI, FL 33196 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S QUESADA, RAFAEL 10101 SW 154 CIRCLE COURT #111 MIAMI, FL 33196 <input type="checkbox"/> Delete	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"/> Delete	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 exemptions contained in Chapter 119, 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]* DONALD KEARNS Date JUN 14 2008 305 591-0242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

9/24/08

*[Handwritten initials]*