

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003010

FILED
Jan 05, 2012
Secretary of State

Entity Name: VILLAS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5805 BLUE LAGOON DR.
SUITE # 310
MIAMI, FL 33126 US

New Principal Place of Business:

Current Mailing Address:

C/O THE CONTINENTAL GROUP
5805 BLUE LAGOON DR. - SUITE 310
MIAMI, FL 33126 US

New Mailing Address:

FEI Number: 65-0348927 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BREITNER, PAUL D
200 S. BISCAYNE BLVD.
STE 1800
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KEARNS, DONALD
Address: 10245 SW 154 PLACE #102
City-St-Zip: MIAMI, FL 33196

Title: VP/D
Name: DESIMONE, MARY
Address: 10171 SW 154 CIRCLE COURT #112
City-St-Zip: MIAMI, FL 33196

Title: T/D
Name: NURSE, FREDERICK
Address: 10131 SW 154 CIRCLE COURT #110
City-St-Zip: MIAMI, FL 33196

Title: D
Name: QUESADA, RAFAEL
Address: 10101 SW 154 CIRCLE COURT #111
City-St-Zip: MIAMI, FL 33196

Title: S/D
Name: ROMAN-ROSSY, DARLENE
Address: 10151 SW 154 CIRCLE CT #101
City-St-Zip: MIAMI, FL 33196

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD KEARNS

PRE

01/05/2012

Electronic Signature of Signing Officer or Director

Date