

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

98 OCT 30 PM 2:13

SECRETARY OF STATE



DOCUMENT # N97000006912 (6)

1. Corporation Name
HAMMOCKS ASSOCIATION, INC.

Principal Place of Business Mailing Address
 115 NORTH WEST 2ND AVENUE FT. LAUDERDALE FL 33311

3. Date Incorporated or Qualified
12/11/1997

4. FEI Number Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 **1627 E. Broward Blvd.** 26 **1627 E. Broward Blvd.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **# A** 27 **# A**
 City & State City & State
 23 **FORT LAUDERDALE, FL** 28 **FORT LAUDERDALE, FL**
 Zip Country Zip Country
 24 **33301** 25 **USA** 29 **33301** 30 **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
EDEWAARD, C. CRAIG
 115 NORTH WEST 2ND AVENUE
 FT. LAUDERDALE FL 33311

10. Name and Address of New Registered Agent
 81 Name **FRED KOWALSKY**
 82 Street Address (P.O. Box Number is Not Acceptable) **1633 E. Broward Blvd.**
 83
 84 City **Fort Lauderdale** FL 85 Zip Code **33301**

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 *Fred Kowalsky* **Fred Kowalsky President** **9/25/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	EDEWAARD, C. CRAIG	
STREET ADDRESS	115 NORTH WEST 2ND AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SLAUGHTER, J. ROBERT	
STREET ADDRESS	115 NORTH WEST 2ND AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	PEARSON, BROWNE	
STREET ADDRESS	115 NORTH WEST 2ND AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33311	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Fred Kowalsky	
1.3 STREET ADDRESS	1633 E. Broward Blvd.	
1.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
2.1 TITLE	Vice Pres. VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ESTELLE FRIEBERG	
2.3 STREET ADDRESS	1629 E. Broward Blvd.	
2.4 CITY-ST-ZIP	Fort Lauderdale, FL 33301	
3.1 TITLE	MARCO SHINZATO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	1627 E. Broward Blvd.	
3.3 STREET ADDRESS	STO	
3.4 CITY-ST-ZIP	Fort, laud. FL 33301	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	800002679458-8	
4.3 STREET ADDRESS	-11/03/98-01082-005	
4.4 CITY-ST-ZIP	****61.25 ****61.25	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 119.073(4), 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.

SIGNATURE: *Fred Kowalsky* **FRED KOWALSKY** **9/25/98** **954-763-9226**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0006303

CR2E037 (5/98)