

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90179 003 ****61.25

DOCUMENT # N97000006912

1. Entity Name

HAMMOCKS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1627 E. BROWARD BLVD.
 #A
 FT. LAUDERDALE FL 33301

1633 E BROWARD BLVD
 #A
 FT. LAUDERDALE FL 33301

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0631973

Applied For

Not Applicable

Zip

Country

Zip

Country

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

KOWALSKY, FRED
1633 E. BROWARD BLVD.
FT. LAUDERDALE FL 33301

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 _____

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: PD
 NAME: KOWALSKY, FRED
 STREET ADDRESS: 1633 E. BROWARD BLVD.
 CITY-ST-ZIP: FT. LAUDERDALE FL 33301
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: VPD
 NAME: FINEBERG, ESTELLE
 STREET ADDRESS: 1629 E. BROWARD BLVD.
 CITY-ST-ZIP: FT. LAUDERDALE FL 33301
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: STD
 NAME: PERLMAN, ANDREW
 STREET ADDRESS: 1631 E BROWARD BLVD
 CITY-ST-ZIP: FORT LAUDERDALE FL 33301
 Delete

TITLE: **STD**
 NAME: **MICHAEL D. ROY**
 STREET ADDRESS: **1627 E. Broward Blvd**
 CITY-ST-ZIP: **FORT LAUDERDALE, FL 33301**
 Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change Addition

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Delete

TITLE: _____
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____
 Change 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: _____

Signature of Fred Kowalsky
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-02
 Date

954-763-9226
 Daytime Phone #

919648



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)