

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2004
Secretary of State**

DOCUMENT# N97000006912

Entity Name: HAMMOCKS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1633 E BROWARD BLVD
#A
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0631973 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOWALSKY, FRED
1633 E. BROWARD BLVD.
FT. LAUDERDALE, FL 33301 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 () Delete
Name: KOWALSKY, FRED
Address: 1633 E. BROWARD BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VPD () Delete
Name: FINEBERG, ESTELLE
Address: 1629 E. BROWARD BLVD.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: STD () Delete
Name: ROY, MICHAEL D
Address: 1627 E. BROWARD BLVD
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FRED KOWALSKY

PD

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date