

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003010

**FILED  
Apr 21, 2014  
Secretary of State  
CC4560223016**

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

C/O FIRST SERVICE RESIDENTIAL, INC  
5805 BLUE LAGOON DR. - SUITE 310  
MIAMI, FL 33126 US

**FEI Number: 65-0348927**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

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

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

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

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

Title S/D  
Name ROMAN-ROSSY, DARLENE  
Address 10151 SW 154 CIRCLE CT #101  
City-State-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**

**PRESIDENT**

**04/21/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date