FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **738155** **(1)**

1. Corporation Name

HAMMOCKS AT BOCA WEST CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
6421 CONGRESS AVE. 100 P.O. BOX 27-2310 BOCA RATON FL 33487-2833	6421 CONGRESS AVE. 100 P.O. BOX 27-2310 BOCA RATON FL 33487-2833

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1977
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1797531 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 23123 STATE ROAD 7	26 P.O. BOX 2310
Suite, Apt. #, etc. 22 SUITE 350A	Suite, Apt. #, etc. 27
City & State 23 BOCA RATON, FL	City & State 28 BOCA RATON, FL
Zip 24 33428 Country 25 USA	Zip 29 33427-2310 Country 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PALOMBI, GARY 6421 CONGRESS AVE. #100 BOCA RATON FL 33487	31 Name: GARY PALOMBI 32 Street Address (P.O. Box Number is Not Acceptable): 23123 STATE ROAD 7 33: SUITE 350A 34 City: BOCA RATON FL 35 Zip Code: 33428

11. Pursuant to the provisions of Sections 607.0502 and 607.1008, 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 607.0505, Florida Statutes.

SIGNATURE _____ GARY PALOMBI 04/26/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	ROGIN, LEO	12 NAME	
STREET ADDRESS	21664 CLUB VILLA TERR	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	BRAMWIT, DAVID	22 NAME	
STREET ADDRESS	28 ARROWHEAD ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	OLD TAPPAN NJ	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PSIRIS, JOHN	32 NAME	
STREET ADDRESS	41 CUMBERLAND DR	33 STREET ADDRESS	
CITY-ST-ZIP	LINCOLNSHIRE IL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	WEISS, GARY	42 NAME	
STREET ADDRESS	1 PEPPERIDGE RD	43 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	
TITLE	VPT	51 TITLE	☐ Change ☐ Addition
NAME	CUZZONE, JOHN F JR	52 NAME	
STREET ADDRESS	189 CANAL ST	53 STREET ADDRESS	
CITY-ST-ZIP	PROVIDENCE, RI 00000	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information [illegible] furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13 if changed, or added.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0015644