FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 738155 (1)

1. Corporation Name

HAMMOCKS AT BOCA WEST CONDOMINIUM ASSOCIATION, I NC.

Principal Place of Business	Mailing Address
23123 STATE ROAD 7 SUITE 350A BOCA RATON FL ~~33428~~ 33428 US	~~P O BOX 2310 BOCA RATON FL 33427-2310 US~~ R.M.C. P.O. Box 97-0069 Boca Raton, FL 33497-0069

3. Date Incorporated or Qualified: 02/23/1977	3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-1797531	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24: 33428 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PALOMBI, GARY
23123 STATE ROAD 7
SUITE 350A
BOCA RATON FL 33428

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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: [signature] Gary Palombi 4/1/96
Signature, type or printed name of Registered Agent and date required. (NOTE: Registered Agent signature required when this change is made.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROGIN, LEO		1.2 NAME		
STREET ADDRESS	21664 CLUB VILLA TERR		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRAMWIT, DAVID		2.2 NAME		
STREET ADDRESS	28 ARROWHEAD ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	OLD TAPPAN NJ		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PSIRIS, JOHN		3.2 NAME		
STREET ADDRESS	41 CUMBERLAND DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	LINCOLNSHIRE IL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WEISS, GARY		4.2 NAME		
STREET ADDRESS	1 PEPPERIDGE RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP		
TITLE	VPT	☑ DELETE	5.1 TITLE		☑ Change ☐ Addition
NAME	CUZZONE, JOHN F JR		5.2 NAME	Cheryl Cuzzone	
STREET ADDRESS	189 CANAL ST		5.3 STREET ADDRESS	20313 Boca West Drive, #1701	
CITY-ST-ZIP	PROVIDENCE, RI 00000		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily 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 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: [signature] LEO ROGIN 4/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)