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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 US	P O BOX 2310 P. O. BOX 97-0069 BOCA RATON FL 33497-0069 US

3. Date Incorporated or Qualified: 02/23/1977	3a. Date of Last Report: 04/12/1996		
2. Principal Place of Business (21)	2a. Mailing Address (26): PO Box 97-0069	4. FEI Number: 59-1797531	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State (23)	City & State (28): Boca Raton, FL	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip (24): 33428 Country (25)	Zip (29): 33497-0069 Country (30)	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	☑ DELETE	1.1 TITLE	V/D	☑ Change ☐ Addition
NAME	ROGIN, LEO		1.2 NAME	Rogin, Leo	
STREET ADDRESS	21664 CLUB VILLA TERR		1.3 STREET ADDRESS	21664 Club Villa Terr	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Boca Raton, FL	
TITLE	D	☑ DELETE	2.1 TITLE	V/D	☑ Change ☐ Addition
NAME	BRAMWIT, DAVID		2.2 NAME	Bramwit, David	
STREET ADDRESS	28 ARROWHEAD ROAD		2.3 STREET ADDRESS	28 Arrowhead Road	
CITY-ST-ZIP	OLD TAPPAN NJ		2.4 CITY-ST-ZIP	Old Tappan, NJ	
TITLE	D	☑ DELETE	3.1 TITLE	T/D	☑ Change ☐ Addition
NAME	PSIRIS, JOHN		3.2 NAME	Psiris, John	
STREET ADDRESS	41 CUMBERLAND DR		3.3 STREET ADDRESS	41 Cumberland Dr	
CITY-ST-ZIP	LINCOLNSHIRE IL		3.4 CITY-ST-ZIP	Lincolnshire, IL	
TITLE	P	☐ DELETE	4.1 TITLE	President	☑ 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	S/D	☑ Change ☐ Addition
NAME	CHERYL CUZZONE		5.2 NAME	Cheryl Cuzzone	
STREET ADDRESS	20313 BOCA WEST DRIVE, #1701		5.3 STREET ADDRESS	20313 Boca West Dr, #1701	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	Boca Raton, FL	
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		

CR2E037 (9/96)

14. I do 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 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0045268