## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1998 DOCUMENT #

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738155

(1)

HAMMOCKS AT BOCA WEST CONDOMINIUM ASSOCIATION, I

## Principal Place of Business Mailing Address PO BOX 97-0069 P. O. BOX 97-0069 23123 STATE ROAD 7 **SUITE 350A BOCA RATON FL 33428 BOCA RATON FL 33497-0069** 2. Principal Place of Business 2a. Mailing Address

5. Certificate of Status Desired 21 26 Suite, Apt. #, etc. Sulte, Apt. #, etc. 6. Election Campaign Financing 22 Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowners association?

FILED
Mar 19 1998 8:00am
Secretary of State



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date Incorporated or Qualified

02/23/1977

59-1797531

4. FEI Number

(3)		[26]			<u> </u>	☐ 188 ☐ 140	
Zip	Country	Zip	Country	,	8. This corporation owes or has		tangible
4	25	29	30		Personal Property Tax due Jur		No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent			
			[81]	Name			į
PALOMBI, GARY				Street Addr	ess (P.O. Box Number is Not Accept	able)	
23123 STATE ROAD 7 SUITE 350A BOCA RATON FL 33428				83			
				City		85 Zip	Code
			64	City		FL   20	000
11. Pursuant office or ragent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	and 617.1508, Florida Statu Florida: Such change was ons of, Section 617.0503, F	ites, the above authorized by lorida Statutes	e-named corp the corporat s.	poration submits this statement for the ion's board of directors. I hereby acc	purpose of changing i ept the appointment as	ts registered registered
SIGNATURE .	Promise Amade and the amade and the second	and this Manageria	VTC. Dealstored 6 ar	mi alagati na sa si in	red when reinstating)	DATE	·
Bignature, typed or printed name of registered agent and title if applicable (NOTE: Registered 12. OFFICERS AND DIRECTORS 13.				un entranna tedrill	ADDITIONS/CHANGES TO OFF		RS IN 12
TITLE	VD	☐ DELETE	1.1 TITLE			☐ Change	Addition
NAME	ROGIN, LEO		1.2 NAME				
STREET ADDRESS	21664 CLUB VILLA TERR		1.3 STREET	ADDRESS			i
CITY-ST-ZW	BOCA RATON FL		1.4 CITY-S	1			ا بد ا
TITLE	VD	DELETE	2.1 TITLE		WILLIAM SCHWA	Change	Addition
NAME	BRAMWIT, DAVID	<b>/</b> *	2.2 NAME	(10)	WIECINE SCHWI	CM	
STREET ADDRESS	28 ARROWHEAD ROAD		2.3 STREET	ADDRESS '	13 Breanna Crt		. I
CITY-ST-ZIP	OLD TAPPAN NJ		2.4 CITY - S		Willowdale, ont	- Canada I	リエHろれも
TITLE	TD	DELETE	3.1 TITLE	-		Change	Addition
NAME	PSIRIS, JOHN		3.2 NAME	1			
STREET ADORESS	41 CUMBERLAND DR		3.3 STREET	ADORESS	•		
CITY-ST-ZIP	LINCOLNSHIRE IL		3.4. C/TY-5				
TITLE	P	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-S	T-21P		•	
TITLE	SD	DELETE	5.1 TITLE			☐ Change	Addition
NAME	CUZZONE, CHERYL		5.2 NAME			-	
STREET ADDRESS	20313 BOCA WEST DRIVE, #17	701	5.3 STREET	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-S	1			
TITLE		DELETE	6.1 TITLE	<del></del>		Change	Addition

CITY-ST-ZIP 14. I 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 angular 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 received 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 or an attachment with an address.

6.4 CITY-ST-ZIP

6.2 NAME **6.3 STREET ADDRESS** 

SIGNATURE:

NAME -

STREET ADDRESS