

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 13, 2007 8:00 am
Secretary of State

07-06-2007 90002 009 ****61.25

DOCUMENT # 757490

1. Entity Name
HAMMOCK OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**440 ROVINO AVE
CORAL GABLES, FL 33156**

Mailing Address
**440 ROVINO AVE
CORAL GABLES, FL 33156**

66020866



06302007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-2110561

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**DONSKY, MAURICE
440 ROVINO AVE
CORAL GABLES, FL 33156**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

**Filing Fee is \$81.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
ILEANA, BARBARA
483 CAMPANA AVE
CORAL GABLES, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DONSKY, MAURICE
440 ROVINO AVENUE
CORAL GABLES, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GONZALES, DAISY
11011 MARIN ST
CORAL GABLES, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
MARYANOFF, FRED A
414 ROVINO AVE
CORAL GABLES, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
SEPE, BONNIE
11084 MONFERO ST
CORAL GABLES, FL 33156**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ESPINAL, OSCAR
17050 TANYA ST
CORAL GABLES, FL 33136**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAURICE Donsky Pres 8/6/07 305-637-3040

Date

Daytime Phone #