

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90082 050 \*\*\*\*61.25

<b>DOCUMENT # 762640</b>					
<b>1. Entity Name</b> THE HAMMOCKS-LAKE FOREST CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> % BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES ROAD CORAL SPRINGS, FL 33067 US			<b>Mailing Address</b> % BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES ROAD CORAL SPRINGS, FL 33067 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2273074	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KATZMAN & KORR, PA 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> PD	<b>NAME</b> D'ADDARIO, LEONARD	<input type="checkbox"/> Delete	<b>TITLE</b> VP	<b>NAME</b> Bishop, Kenneth	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1832 HAMMOCK BLVD	<b>CITY-ST-ZIP</b> COCONUT CREEK, FL 33063		<b>STREET ADDRESS</b> 1736 Hammock Blvd.	<b>CITY-ST-ZIP</b> COCONUT CREEK FL 33063	
<b>TITLE</b> DVP	<b>NAME</b> MARTIN, EDWARD	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> ST	<b>NAME</b> Googas, Christine	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1826 HAMMOCKS BLVD.	<b>CITY-ST-ZIP</b> COCONUT CREEK, FL 33063		<b>STREET ADDRESS</b> 1782 Hammock Blvd.	<b>CITY-ST-ZIP</b> COCONUT CREEK, FL 33063	
<b>TITLE</b> TD	<b>NAME</b> ENGEL, YVONNE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> S	<b>NAME</b> Rodriguez, Ayumi	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 1808 HAMMOCK BLVD	<b>CITY-ST-ZIP</b> COCONUT CREEK, FL 33063		<b>STREET ADDRESS</b> 1708 Hammocks Blvd. #111	<b>CITY-ST-ZIP</b> COCONUT CREEK, FL 33065	
<b>TITLE</b> DS	<b>NAME</b> GOOGAS, CHRISTINE	<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 1782 HAMMOCK BLVD	<b>CITY-ST-ZIP</b> COCONUT CREEK, FL 33063		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>NAME</b>	<b>STREET ADDRESS</b>		<b>NAME</b>	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____			Date: 4-5-07 Daytime Phone #: 954.974-6024		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					