2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 14, 2008 8:00 am Secretary of State

03-14-2008 90027 018 ****61.25

DOCUMENT #762640

1. Entity Name

THE HAMMOCKS-LAKE FOREST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business % BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES ROAD CORAL SPRINGS, FL 33067 US				Mailing Address % BENCHMARK PROPERTY MANAGEMENT, INC. 7932 WILES ROAD CORAL SPRINGS, FL 33067 US					######################################	BIZII BIBII BIBII	\$ 1 5 1 1(1)	1184 SI LTBI
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					03052008	Chg-NP	CR2E037	7 (12/06)		
City & State			City & State					4. FEI Number 59-2273	074		<u> </u>	plied For t Applicable
Zip	Country			Zip Cou			5. Certificate of Status Desired					
6. Name and Address of Current I							7. Name and Address of New Registered Agent					
KATZMAN & KORR,PA 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309						Name Street Address (P.O. Box Number is Not Acceptable)						
TOTAL BRODER, LE 30000					City					FL	Zip Code)
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 reinstating) DATE												
Filing Fee is \$61.25 Due by May 1, 2008 9. Election Campaign Trust Fund Contribu								\$5.00 May Be Added to Fees	Florie	da Departi	payable to ment of St	ate
10.		OFFICERS AND DIF						ADDITIONS/CHAI	NGES TO OFFICER			
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12. I hereby o	ertify that th	e information supplied with	this filing	does not qualify for	or the exe	emptions co	ontained	in Chapter 119, I	Florida Statutes. I f	urther certif	y that the in	formation

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 for 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 enter like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/08 954.974.602

LEONARD D'ADDARIO