

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 19 1996 8:00 am  
Secretary of State

DOCUMENT # M24913 (9)

1. Corporation Name

ATRIUM HOMES AT THE HAMMOCKS, INC.

Principal Place of Business

Mailing Address

C/O MIAMI MANAGEMENT  
14275 SW 19TH AVENUE  
MIAMI FL 33186  
US

C/O MIAMI MANAGEMENT  
14275 SW 119 AVENUE  
MIAMI FL 33186  
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/20/1985

3a. Date of Last Report

04/18/1995

4. FEI Number

59-2683226

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

TRIAY, CARLOS A., ESQ.  
999 PONCE DE LEON BLVD  
STE 1110  
CORAL GABLES FL 33134

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP ☒ DELETE

NAME LIPSCOMB, MARK  
STREET ADDRESS 15562 SW 111 TERR.  
CITY-ST-ZIP MIAMI FL

TITLE PD ☐ DELETE

NAME CABRERA, GILDINA D  
STREET ADDRESS 11080 SW 155 PLACE  
CITY-ST-ZIP MIAMI FL

TITLE SD ☒ DELETE

NAME KINSORA-JOSEPH, PEGGY  
STREET ADDRESS 15566 SW 111 TERR.  
CITY-ST-ZIP MIAMI FL

TITLE STD ☒ DELETE

NAME MCPHERSON, JOHN R.  
STREET ADDRESS 10951 SW 155 PLACE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE-PRESIDENT/SEC. ☐ Change ☒ Addition

1.2 NAME TEREZINA GONZALEZ

1.3 STREET ADDRESS 11070 SW 155 PL

1.4 CITY-ST-ZIP MIAMI FL 33196

2.1 TITLE TD ☒ Change ☐ Addition

2.2 NAME JOHN MCPHERSON

2.3 STREET ADDRESS 10951 SW 155 PLACE

2.4 CITY-ST-ZIP MIAMI FL 33186

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gildina Cabrera  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96  
Date

Daytime Phone #

CR2E034 (12/95)