

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90071 040 \*\*\*\*61.25

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # N16049</b><br>1. Entity Name<br><b>PARK VILLAS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>%MIAMI MGMT INC</b><br><b>14275 SW 142 AVE</b><br><b>MIAMI, FL 33186 US</b>  |  |   | Mailing Address<br><b>396 ALHAMBRA CIRCLE</b><br><b>SUITE 230</b><br><b>MIAMI, FL 33143 US</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>KW Property Mngt</b><br>Suite, Apt. #, etc.<br><b>396 Alhambra Circle</b>   |  | 3. Mailing Address<br><b>396 Alhambra Circle</b><br>Suite, Apt. #, etc.<br><b>Suite 230</b> |  |   |  |
| City & State<br><b>Coral Gables</b>  |  | City & State<br><b>Coral Gables, FL</b>   |  | 4. FEI Number<br><b>59-2721501</b>  |  |
| Zip<br><b>33134</b>  |  | Country<br><b>U.S.</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>TRIAY, CARLOS A</b><br><b>10570 NW 27 ST, #103</b><br><b>MIAMI, FL 33172</b>   |  |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2008</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>         |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>Make check payable to Florida Department of State</b> </div> </div>  |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>P</b><br><b>MONGE, CARMEN</b> <input type="checkbox"/> Delete<br><b>10321 SW 147TH CT, CIR 9</b><br><b>MIAMI, FL 33196</b>        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T</b><br><b>RIOS-PEREZ, FERNANDO</b> <input type="checkbox"/> Delete<br><b>10321 SW 147TH CT, CIR 6</b><br><b>MIAMI, FL 33196</b> |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>S</b><br><b>LOPEZ, CARLOS A</b> <input type="checkbox"/> Delete<br><b>10346 SW 147TH CT, CIR 30</b><br><b>MIAMI, FL 33196</b>     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |
| 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>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |   | Date <b>03.07.08</b> Daytime Phone # <b>305-978-9295</b>                                       |   |  |

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