

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16049

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** PARK VILLAS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

KW PROPERTY MGMT  
396 ALHAMBRA CIRCLE 230  
MIAMI, FL 33134 US

**New Principal Place of Business:**

ATLAS PROPERTY MANAGEMENT SVCS, INC.  
1450 NW 87TH AVEUNE, STE # 204  
DORAL, FL 33172 US

**Current Mailing Address:**

396 ALHAMBRA CIRCLE  
SUITE 230  
MIAMI, FL 33143 US

**New Mailing Address:**

ATLAS PROPERTY MANAGEMENT SVCS, INC.  
1450 NW 87TH AVEUNE, STE # 204  
DORAL, FL 33172 US

**FEI Number:** 59-2721501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIAY, CARLOS A  
10570 NW 27 ST, #103  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

JONES, CARLA  
1999 SW 27 TH AVENUE  
MIAMI, FL 33145 US

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.

SIGNATURE: CARLA JONES

04/20/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MONGE, CARMEN  
Address: 10321 SW 147TH CT, CIR 9  
City-St-Zip: MIAMI, FL 33196

Title: T ( ) Delete  
Name: RIOS-PEREZ, FERNANDO  
Address: 10321 SW 147TH CT, CIR 6  
City-St-Zip: MIAMI, FL 33196

Title: S ( ) Delete  
Name: LOPEZ, CARLOS A  
Address: 10346 SW 147TH CT, CIR 30  
City-St-Zip: MIAMI, FL 33196

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARMEN MONGE

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date