FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

94 APR 18 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
PATRIUM HOMES AT THE HAMLOCKS HOMEOWNERS ASSOCIATION, INC.

DOCUMENT # N16599

Mailing Address
C/O MIAMI MANAGEMENT, INC.
~~11901 S.W. 144TH ST.~~
MIAMI FL 33186

Principal Place of Business
C/O MIAMI MANAGEMENT, INC.
~~11901 S.W. 144TH ST.~~
MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, use through incorrect information and enter correction below.

3. Date Incorporated or Qualified: 12/20/1985
3a. Date of Last Report: 04/20/1993

2. Mailing Address
21: 14539 SW 119 Ave
Suite, Apt. #, etc.
22: MIAMI
City & State
23:
Zip 24: Country 25:

2a. Principal Place of Business
26: 14539 SW 119 Ave
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

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

7. Nonprofit Exempt from $100.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

TRIAY, CARLOS A., ESQ.
~~250 BIRD RD.~~
~~SUITE 301~~
CORAL GABLES FL ~~33143~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 999 Ponce de Leon Blvd
83: Ste 1110
84 City: FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 I accept the obligations of, Section 607.0505 or 617.0304, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. CHANGES TO BE REFLECTED IN 12
11 TITLE	D	VICE-PRESIDENT/DIRECTOR
12 NAME	LIPSCOMB, MARK	LIPSCOMB, MARK
13 STREET ADDRESS	15562 SW 111 TERR.	15562 SW 111 TERRACE
14 CITY-ST-ZIP	MIAMI FL	MIAMI FL 33196
21 TITLE	P/D	PRESIDENT/DIRECTOR
22 NAME	FROST, FREDERICK, III	CABRERA, GILDINA D.
23 STREET ADDRESS	10981 SW 155TH PLACE	11080 SW 155 PLACE
24 CITY-ST-ZIP	MIAMI FL	MIAMI FL 33196
31 TITLE	V/D	
32 NAME	ELALOUF, ADRIENNE	
33 STREET ADDRESS	15580 SW 111 TERR.	
34 CITY-ST-ZIP	MIAMI FL	
41 TITLE	S/D	Secretary/Director
42 NAME	KINSORA-JOSEPH, PEGGY	
43 STREET ADDRESS	15566 SW 111 TERR.	
44 CITY-ST-ZIP	MIAMI FL	
51 TITLE	V/D	
52 NAME	MEYERS, SANDRA	
53 STREET ADDRESS	10931 S.W. 155TH PLACE	
54 CITY-ST-ZIP	MIAMI FL	
61 TITLE	D	TREASURER/DIRECTOR
62 NAME	MCPHERSON, JOHN R.	
63 STREET ADDRESS	10951 SW 155 PLACE	
64 CITY-ST-ZIP	MIAMI FL	

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)(i), Florida Statutes. I authorize the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public inspection. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gildina D. Cabrera 4/10/94
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date

GILDINA CABRERA

318:0130