



# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90077 026 \*\*\*\*61.25

<b>DOCUMENT # N16599</b> 1. Entity Name <b>THE ATRIUM HOMES AT THE HAMMOCKS HOMEOWNERS ASSOCIATION INC.</b>					
Principal Place of Business <b>C/O MIAMI MANAGEMENT 14275 SW 142 AVENUE MIAMI, FL 33196</b>			Mailing Address <b>C/O MIAMI MANAGEMENT 14275 SW 142 AVENUE MIAMI, FL 33196</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>TRIAY, CARLOS A ESQ 10570 NW 27TH ST STE. 103 MIAMI, FL 33172</b>				Name Street Address (P.O. Box Number is Not Acceptable) <b>3750 NW 87 AVE</b> <b>Suite #100</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33178</b>	
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>3/2/06</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD CABRERA, TONY 11080 SW 155TH PL MIAMI, FL 33196</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD KRAMER, SANDRA 15541 SW 109 TERRACE MIAMI, FL 33196</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT CABRERA, GILDINA 11080 SW 155TH PL MIAMI, FL 33196</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PIMENTEL, ALTAGRACIA 15571 SW 109 TERRACE MIAMI, FL 33196</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 life empowered.					
<b>SIGNATURE:</b>  <b>February 20, 2006</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40029751



01052006 Chg-NP CR2E037 (11/05)

4. FEI Number  
**59-2811892**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**