

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16599

FILED
Mar 10, 2009
Secretary of State

Entity Name: THE ATRIUM HOMES AT THE HAMMOCKS HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

C/O MIAMI MANAGEMENT
14275 SW 142 AVENUE
MIAMI, FL 33196

New Principal Place of Business:

C/O COURTESY PROPERTY MGMT
13250 SW 135 AVENUE
MIAMI, FL 33186 US

Current Mailing Address:

C/O MIAMI MANAGEMENT
14275 SW 142 AVENUE
MIAMI, FL 33196

New Mailing Address:

C/O COURTESY PROPERTY MGMT
13250 SW 135 AVENUE
MIAMI, FL 33186 US

FEI Number: 59-2811892

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TRIAY, CARLOS A ESQ
3750 NW 87TH AVE
STE 100
MIAMI, FL 33178 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CABRERA, TONY
Address: 11080 SW 155TH PL
City-St-Zip: MIAMI, FL 33196

Title: SD () Delete
Name: KRAMER, SANDRA
Address: 15541 SW 109 TERRACE
City-St-Zip: MIAMI, FL 33196

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ARMSTRONG, EDGARD MR
Address: 15521 SW 109 TERRACE
City-St-Zip: MIAMI, FL 33196 US

Title: VPD (X) Change () Addition
Name: CONTRACTOR, NORALIS MS
Address: 11001 SW 155 PLACE
City-St-Zip: MIAMI, FL 33196 US

Title: SD () Change (X) Addition
Name: KONA WICZ, EDWARD MR
Address: 11091 SW 155 PLACE
City-St-Zip: MIAMI, FL 33196 US

Title: TD () Change (X) Addition
Name: RICHTER, PATRICIA MS
Address: 15562 SW 11 TERRACE
City-St-Zip: MIAMI, FL 33196 US

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: EDGARD ARMSTRONG

PD

03/10/2009

Electronic Signature of Signing Officer or Director

Date