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FILED

Feb 24 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N17685** (1)

1. Corporation Name

**PARK PLACE AT THE HAMMOCKS CONDOMINIUM ASSOCIATI
ON, INC.**



Principal Place of Business

Mailing Address

**ALL FLA. MANAGEMENT CO.
1800 CORAL WAY. SUITE 301
MIAMI FL 33145
US**

**ALL FLA. MANAGEMENT CO.
1800 CORAL WAY. SUITE 301
MIAMI FL 33145
US**

3. Date Incorporated or Qualified

11/06/1986

4. FEI Number

65-0006820

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERTS, NORMAN T P.A.
50 WEST MASTHA DRIVE, #2
KEY BISCAIYNE FL 33149**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of 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 accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **ROSS, RONALD**
STREET ADDRESS **1900 CORAL WAY SUITE 301**
CITY-ST-ZIP **MIAMI FL 33145**

1.1 TITLE **PRESIDENT, PD** ☐ Change ☐ Addition
1.2 NAME **RONALD ROSS**
1.3 STREET ADDRESS **1900 CORAL WAY, STE # 301**
1.4 CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **TD** ☐ DELETE
NAME **MORALES, JORGE**
STREET ADDRESS **1900 CORAL WAY SUITE 301**
CITY-ST-ZIP **MIAMI FL 33145**

2.1 TITLE **TREASURER, TD** ☐ Change ☐ Addition
2.2 NAME **JORGE MORALES**
2.3 STREET ADDRESS **1900 CORAL WAY, STE # 301**
2.4 CITY-ST-ZIP **MIAMI, FL 33145**

TITLE **SD** ☒ DELETE
NAME **LOPEZ, BENJAMIN**
STREET ADDRESS **1900 CORAL WAY SUITE 301**
CITY-ST-ZIP **MIAMI FL 33145**

3.1 TITLE **SECRETARY, SD** ☒ Change ☐ Addition
3.2 NAME **MARITZA CARVAJAL**
3.3 STREET ADDRESS **1900 CORAL WAY STE # 301**
3.4 CITY-ST-ZIP **MIAMI, FL 33145**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald Ross

2-16-98

8548300

CR2E037 (10/97)