

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 16, 2000 8:00 am Secretary of State

05-16-2000 90018 030 ***61.25

DOCUMENT #

N17685

1. Corporation Name

PARK PLACE CONDOMINIUM AT THE HAMMOCKS

80088894

Principal Place of Business

Mailing Address

14275 S.W. 142 Ave. Miami Fl. 33186

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

4. FEI Number 65-0006820

Applied For Not Applicable

City & State

27

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

28

Zip

Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Triay, Carlos A

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

999 Pnce de Leon Blvd.

83

Suite 1110

84 City

Coral Gables

FL

85 Zip Code 33134

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.

4/12/00

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 DP [] DELETE
NAME Benjamin Lopez
STREET ADDRESS 9629 S.W. 152 Ave.
CITY-ST-ZIP Miami Fl. 33196

1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD [] DELETE
NAME Ronald K. Ross
STREET ADDRESS 9627 S.W. 152 Ave.
CITY-ST-ZIP Miami Fl. 33196

2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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)(j), 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, with all other like empowered.

SIGNATURE:

Ronald K. Ross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

305-706-3720

Daytime Phone #

2000 7 14 14 00000000