

**FILED**  
**Apr 07, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90049 041 \*\*\*\*61.25

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # N17685**  
 1. Entity Name  
**PARK PLACE AT THE HAMMOCKS CONDOMINIUM ASSOCIATI  
 ON, INC.**

Principal Place of Business 14275 SW 142ND AVE MIAMI FL 33186 US	Mailing Address 14275 SW 142ND AVE MIAMI FL 33186 US
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20938

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 65-0006820	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  <b>TRIAY, CARLOS A</b> <b>999 PONCE DE LEON BLVD</b> <b>STE 1110</b> <b>CORAL GABLES FL 33134</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVP</b> <b>ROSS, RONALD</b> <b>9629 SW 152ND AVE</b> <b>MIAMI FL 33196</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>ZIHATI, MALIKA</b> <b>9603 S. W. 152 AVE</b> <b>MIAMI FL 33196</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S D</b> <b>REEVES, ROBERT</b> <b>9605 S.W. 152 AVE</b> <b>MIAMI FL 33196</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>LOPEZ, BENJAMIN</b> <b>9629 S.W. 152 AVE</b> <b>MIAMI FL 33196</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **2-20-212 (766)255-4474**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
*Robert Reeves*

CR2E037 (9/01)