Jun 25 08 11:37a

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Jul 03, 2008 8:00 am
Secretary of State
07-03-2008 90014 045 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N17685

1. Entity Name
PARK PLACE AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~13388 SW 128 ST~~ ~~MIAMI, FL 33186 US~~	~~C/O LAKEVIEW MANAGEMENT, INC~~ ~~13388 SW 128 ST~~ ~~MIAMI, FL 33186~~ C/O T&G Management Services
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
18001 Old Cutler Rd	18001 Old Cutler Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
SUITE 521	SUITE 521
City & State	City & State
Palmetto Bay, FL	Palmetto Bay, FL
Zip / Country	Zip / Country
33157	33157

06112008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0006820
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~BUNETTA, SUE~~ ~~43388 SW 128 ST~~ ~~MIAMI, FL 33186~~	Name: T&G MANAGEMENT SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 18001 Old Cutler Road, Ste 521 City: Palmetto Bay FL Zip Code: 33157

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: T&G Management Services, INC. 6/11/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIGNOTT, INGRID 9613 SW 152 AVE MIAMI, FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GORDO, LUIS 9633 SW 152 AVENUE MIAMI, FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DELPOZO, MELISSA 9637 SW 152 AVENUE MIAMI, FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RIVAS, EGNA 9631 SW 152 AVENUE MIAMI, FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MONTERO, JAIRO 9613 SW 152 AVENUE MIAMI, FL 33196	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 like empowered.

SIGNATURE: [signature] PRES. 6/20/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #