

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17685

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

18001 OLD CUTLER RD
STE 521
PALMETTO BAY, FL 33157 US

New Principal Place of Business:

Current Mailing Address:

C/O T & G MGMT SERVICES
18001 OLD CUTLER RD STE 521
PALMETTO BAY, FL 33157

New Mailing Address:

FEI Number: 65-0006820

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

T & G MGMT SERVICES, INC
18001 OLD CUTLER RD
STE 521
PALMETTO BAY, FL 33157 US

Name and Address of New Registered Agent:

GLASSFORD, DALE
12928 SW 133RD COURT
A
MIAMI, FL 33186 US

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: DALE GLASSFORD

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MIGNOTT, INGRID
Address: 9613 SW 152 AVE
City-St-Zip: MIAMI, FL 33196

Title: VD () Delete
Name: GORDO, LUIS
Address: 9633 SW 152 AVENUE
City-St-Zip: MIAMI, FL 33196

Title: SD () Delete
Name: DELPOZO, MELISSA
Address: 9637 SW 152 AVENUE
City-St-Zip: MIAMI, FL 33196

Title: D () Delete
Name: RIVAS, EGNA
Address: 9631 SW 152 AVENUE
City-St-Zip: MIAMI, FL 33196

Title: TD () Delete
Name: MONTERO, JAIRO
Address: 9613 SW 152 AVENUE
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LUIS GORDO

VD

04/30/2009

Electronic Signature of Signing Officer or Director

Date