FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N34795** **(7)**

1. Corporation Name

BLOSSOMS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
10034 HAMMOCKS BLVD. MIAMI FL 33186 US	9010 S.W. 137 AVE SUITE 112 MIAMI FL 33186-1437 US

3. Date Incorporated or Qualified: 10/20/1989
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: SAME
Suite, Apt. #, etc. 22:
City & State 23:
Zip 24: Country 25:

2a. Mailing Address
26: 7154-B SOUTH WEST 47 ST.
Suite, Apt. #, etc. 27:
City & State 28: MIAMI, FLORIDA
Zip 29: 33155 Country 30: DADE

4. FEI Number: 65-0203789 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ XX No

9. Name and Address of Current Registered Agent

CADICO MANAGEMENT COMPANY
9010 SOUTH WEST 137 AVE
SUITE 112
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: GROUP CADICORP, INC.
82 Street Address (P.O. Box Number is Not Acceptable)
83: 7154-B SOUTH WEST 47 STREET
84 City: MIAMI FL 85 Zip Code: 33155

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 _____ 04-18-1996
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	1.1 TITLE		☐ Change ☐ Addition
NAME	WOLF, KATHERINE L		1.2 NAME		
STREET ADDRESS	10034 HAMMOCKS BLVD. #204		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROMANO, JOAN		2.2 NAME		
STREET ADDRESS	10018 HAMMOCKS BLVD. #101		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GOODGER, MARCIA		3.2 NAME		
STREET ADDRESS	10030 HAMMOCKS BLVD. #208		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	IZQUIERDO, RONALD		4.2 NAME		
STREET ADDRESS	10010 HAMMOCKS BLVD. #205		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCHUMACHER, GARY		5.2 NAME		
STREET ADDRESS	10026 HAMMOCKS BLVD., #210		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: KATHERINE WOLF, PRESIDENT Katherine L. Wolf 04-18-1996 305-668-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #