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Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N34795** (7)

1. Corporation Name

BLOSSOMS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

10000 HAMMOCKS BLVD
MIAMI FL 33196
US

C/O AERRIS CORP
P O BOX 980606
MIAMI FL 33296-606
US

3. Date Incorporated or Qualified

10/20/1989

4. FEI Number

65-0203789

Applied For

Not Applicable

6. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AERRIS CORPORATION
9370 SUNSET DRIVE #280
MIAMI FL 33173

81 Name

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

83

84 City

FL

85 Zip Code

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

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
NAME WOLF, KATHERINE L
STREET ADDRESS 10034 HAMMOCKS BLVD. #204
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP 33196

TITLE SD
NAME GOODGER, MARCIA
STREET ADDRESS 10030 HAMMOCKS BLVD. #208
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 33196

TITLE TD
NAME SCHUMACHER, GARY
STREET ADDRESS 10026 HAMMOCKS BLVD., #210
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE VP/D
4.2 NAME ESTERRIPA, JUAN
4.3 STREET ADDRESS 10018 HAMMOCKS BLVD., #210
4.4 CITY-ST-ZIP MIAMI, FL 33196

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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)(i), 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

02/05/98 (305) 273-5050

CR2E037 (10/97)