2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 18, 2007 8:00 am Secretary of State

DOCUMENT # N34795 1. Entity Name BLOSSOMS AT THE HAMMOCKS CO ASSOCIATION, INC.	MUINIMODAC			•	015 ****61.25	
Principal Place of Business 10026 HAMMOCKS B t VD MIAMI, FL 33196 US	Mailing Address P.O.BOX 440067 MIAMI, FL 33144 US					
2. Principal Place of Business - No P.O. Box #	Place of Business - No P.O. Box # 3. Mailing Address					
Suite, Apt. #, etc. Suite, Apt. #, etc			01062007 CF	ng-NP	CR2E037 (12/06)	
City & State	City & State		4. FEI Number 65-020378	9		pplied For of Applicable
Zip 33196 Country USA	Zip	Country	5. Certificate of Sta	atus Desired	S8.75 Add	ditional
G. Name and Address of Current R	egistered Agent		7. Name and Add	ress of New Reg		
UNLIMITED PROPERTY MGMT	Name					
7655 NW 50 ST MIAMI, FL 33166		Street Addre	ess (P.O. Box Number is N	Vot Acceptable)		*****
		City		······································	FL Zip Cod	le
the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent ar		. Registered Agent signature rei		1/9/	O)	
Filing Fee is \$61.25 Due by May 1, 2007			\$5.00 May Be Added to Fees	May Be Make check payable to Fees Florida Department of State		
10. OFFICERS AND DIRI		11.	ADDITIONS/CHANGI	ES TO OFFICERS	AND DIRECTORS IN	V 10
ITILE P/D NAME FERNANDO, ACOSTA STREET ADDRESS 7001 SW 87 CT	☐ Oclete	THLE NAME STREET ADDRESS			Change	Addition
CITY-ST-ZIP MIAMI, FL 33173		CiTY-ST-ZIP			PTI OL	
ITILE VPD NAME JUSTO, PEREZ STREET ADDRESS 7001 SW 87 CT CITY-SI-ZIP MIAMI, FL 33173	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	∏ Addition
NAME CESPEDES, FRANCISCO STREET ADDRESS 7001 SW 87 CT CITY-ST-ZIP MIAMI, FL 33173	□ Defete	THITE NAME STREET ADDRESS CHY-ST-ZIP			[] Change	☐ Addition
TITLE SD HAME CANCIO, MENDOZA STREET ADDRESS 7001 SW 87 CT CITY-ST-ZIP MIAMI, FL 33173	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOHN CARE DOOLSW 87 MIANI, FL	ONERO Ct 33173	Change	Addition
TITLE DD PEREZ, DANIEL STREEL ADDRESS CITY-ST-ZIP MIAMI, FL 33173	☐ Delete	THLE NAME STREET ADDRESS CITY-ST-ZP			☐ Change	☐ Addition
THE NAME STREET ADDRESS CHY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ined in Chapter 119, Flor		☐ Change	Addition

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: HCOSTA TERNANDO SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19/07

305. 553 973 [