2008 NOT-FOR-PROFIT CORPORATION

AMENDED ANNUAL REPORT FILED **DOCUMENT # N34795** 1. Entity Name 2008 SEP -2 AM 9: 12 BLOSSOMS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 10034 HAMMOCKS BLVD P.O.BOX 440067 MIAMI, FL 33196 MIAMI, FL 33144 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08262008 Chg-NP CR2E037 (12/06) 4. FEI Number 65-0203789 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNLIMITED PROPERTY MGMT Street Address (P.O. Box Number is Not Acceptable) 7655 NW 50 ST MIAMI, FL 33166 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Make check payable to Amended AR is \$61.25 \Box Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. P/D TITLE ☐ Delete TITLE ☐ Change Addition FERNANDO, ACOSTA NAME NAME 7001 SW 87 CT STREET ADDRESS STREET ADDRESS 900135603149 CITY-ST-ZIP MIAMI, FL 33173 CITY-\$1-ZIP 09/09/08--01027--008 **F1 VPD TITLE ☐ Detete TITLE ☐ Change ☐ Addition JUSTO, PEREZ NAME NAME 7001 SW 87 CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP TITLE TIFLE Change Addition Delete CARBONERO, JOHN NAME NAME GUIOHAR BARRERO 7655 NW 50ST STREET ADDRESS STREET ADDRESS 7655 NW 50ST MIAMI FL 33166 CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP MIAMI, FL TITLE SD TITLE ☐ Delete Change Addition QUINONEZ, ALVARD NAME NAME STREET ADDRESS 7655 NW 50ST STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP TITLE DD TITI F □ Delete Change ☐ Addition PEREZ, DANIEL NAME NAME STREET ADDRESS 7001 SW 87 CT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-7IP TITLE Delete TITLE Change □ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIS