2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003010

FILED Apr 03, 2006 Secretary of State

Entity Name: VILLAS AT THE HAMMOCKS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: P.O. BOX 832342 10220 SW 154 CIRCLE COURT MIAMI, FL 332833283 US MIAMI, FL 33196 **Current Mailing Address: New Mailing Address:** C/O ALHAMBRA PROPERTY MGMT C/O ALHAMBRA PROPERTY MGMT 95 MERRICK WAY, SUITE 500 P.O. BOX 431410 S MIAMI, FL 332431410 US CORAL GABLES, FL 33134 FEI Number: 65-0348927 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DAVID, KOBRIN PA 8900 SW 107 AVE STE 206 CORAL GABLES, FL 33134 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KEARNS, DONALD Name: Name: 10245 SW 154 PLACE #102 Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: Title: VP/D (X) Change () Addition () Delete SHULER, THOMAS Name: DESIMONE, MARY Name: Address: 10210 SW 154 PLACE #112 Address: 10171 SW 154 CIRCLE COURT #112 City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 Title: () Delete Title: SD (X) Change () Addition LOEBS, BOBBI LINZE, TED Name: Name: 10245 SW 154 PLACE #112 10245 SW 154 CIRCLE COURT #107 Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 (X) Change () Addition Title: () Delete Title: T/D Name: ZAPATA, LUZ E Name: NURSE, FREDERICK 10131 SW 154 CIRCLE COURT 10131 SW 154 CIRCLE COURT #110 Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196 Title: () Delete Title: (X) Change () Addition NURSE, FREDERICK QUESADA, RAFAEL Name: Name: 10131 SW 154 CIRCLE COURT 10101 SW 154 CIRCLE COURT #111 Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: MIAMI, FL 33196

I hereby certify that the information supplied with this filing does not qualify for the 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: MARLENE MARTINEZ PM 04/03/2006