

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003010

FILED
Apr 03, 2009
Secretary of State

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

Current Principal Place of Business:

10220 SW 154 CIRCLE COURT
MIAMI, FL 33196 US

New Principal Place of Business:

Current Mailing Address:

C/O THE CONTINENTAL GROUP
11981 SW 144 CT
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0348927 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BREITNER, PAUL D
200 S. BISCAYNE BLVD.
STE 1800
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: KEARNS, DONALD
Address: 10245 SW 154 PLACE #102
City-St-Zip: MIAMI, FL 33196

Title: VP/D () Delete
Name: DESIMONE, MARY
Address: 10171 SW 154 CIRCLE COURT #112
City-St-Zip: MIAMI, FL 33196

Title: T/D () Delete
Name: NURSE, FREDERICK
Address: 10131 SW 154 CIRCLE COURT #110
City-St-Zip: MIAMI, FL 33196

Title: S () Delete
Name: QUESADA, RAFAEL
Address: 10101 SW 154 CIRCLE COURT #111
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DONALD KEARNS

PD

04/03/2009

Electronic Signature of Signing Officer or Director

Date