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: New Principal Place of Business: 10220 SW 154 CIRCLE COURT MIAMI, FL 33196 US **Current Mailing Address: New Mailing Address:** C/O THE CONTINENTAL GROUP 11981 SW 144 CT MIAMI, FL 33186 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: BREITNER, PAUL D 200 S. BISĆAYNE BLVD. STE 1800 MIAMI, FL 33131 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: () Change () Addition () Delete KEARNS, DONALD Name: Name: 10245 SW 154 PLACE #102 Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DESIMONE, MARY Name: Address: 10171 SW 154 CIRCLE COURT #112 Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: T/D () Delete Title: () Change () Addition NURSE, FREDERICK Name: Name: 10131 SW 154 CIRCLE COURT #110 Address: Address: City-St-Zip: MIAMI, FL 33196 City-St-Zip: Title: () Delete Title: () Change () Addition Name: QUESADA, RAFAEL Name: 10101 SW 154 CIRCLE COURT #111 Address: Address: City-St-Zip: MIAMI, FL 33196 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