

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001685

1. Entity Name

THE CLIFF HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

2838 BRICKELL AVE.
COCONUT GROVE FL 33129

Mailing Address

2838 BRICKELL AVE.
COCONUT GROVE FL 33129-2812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0699032

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

GRATEWSKI, ALANA
2838 BRICKELL AVE.
COCONUT GROVE FL 33129

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME GRAJEWSKI, ALANA
STREET ADDRESS 2838 BRICKELL AVE.
CITY-ST-ZIP COCONUT GROVE FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ZIFF, DEAN
STREET ADDRESS 2999 BRICKELL AVE.
CITY-ST-ZIP COCONUT GROVE FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME GROSSMAN, JAY
STREET ADDRESS 2838 BRICKELL AVE.
CITY-ST-ZIP COCONUT GROVE FL 33129

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

Alana Benjowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alana Benjowski

Date

Daytime Phone #

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90042 039 ****61.25

948134



DO NOT WRITE IN THIS SPACE