2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000001685

1. Entity Name

THE CLIFF HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2838 BRICKELL AVE. COCONUT GROVE FL 33129	2838 BRICKELL AVE. COCONUT GROVE FL 33129-2812

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	**4. FEI Number** 65-0699032 — Applied For / Not Applicab
Zip	Country	Zip	Country	**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
GRATEWSKI, ALANA 2838 BRICKELL AVE. COCONUT GROVE FL 33129	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — 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.

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	
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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: _Dean M_   DEAN ZIFF   4-15-01   305-856-0323