2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# N95000001685

Entity Name: THE CLIFF HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2838 BRICKELL AVE.
COCONUT GROVE, FL 33129

New Principal Place of Business:

Current Mailing Address:

2838 BRICKELL AVE.
COCONUT GROVE, FL 33129

New Mailing Address:

FEI Number: 65-0699032 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRATEWSKI, ALANA
2838 BRICKELL AVE.
COCONUT GROVE, FL 33129 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: D ( ) Delete
Name: GRAJEWSKI, ALANA
Address: 2838 BRICKELL AVE.
City-St-Zip: COCONUT GROVE, FL 33129

Title: D ( ) Delete
Name: ZIFF, DEAN
Address: 2999 BRICKELL AVE.
City-St-Zip: COCONUT GROVE, FL 33129

Title: D ( ) Delete
Name: GROSSMAN, JAY
Address: 2838 BRICKELL AVE.
City-St-Zip: COCONUT GROVE, FL 33129

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: A. GRAJEWSKI, M.D. PRES 04/30/2002

Electronic Signature of Signing Officer or Director — Date