

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90099 007 \*\*\*\*70.00

**DOCUMENT # N95000001685**

1. Entity Name

THE CLIFF HAMMOCK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

11421 TOFT ST.  
COCONUT GROVE FL 33129

Mailing Address

2838 BRICKELL AVE.  
COCONUT GROVE FL 33129

2. Principal Place of Business

2850 Brickell Ave.

Suite, Apt. #, etc.

3. Mailing Address

2850 Brickell Ave.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

Zip

33129

Country

USA

Zip

33129

Country

USA

4. FEI Number

65-0699032

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRATEWSKI, ALANA  
2838 BRICKELL AVE.  
COCONUT GROVE FL 33129

7. Name and Address of New Registered Agent

Name

JAMES MARX

Street Address (P.O. Box Numbers Not Acceptable)

2850 Brickell Avenue

City

Miami

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*[Signature]*

JAMES MARX

4-19-04

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition  
NAME JAMES MARX  
STREET ADDRESS 2850 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI, FL 33129

TITLE VP ☐ Change ☒ Addition  
NAME LEONARD ABESS  
STREET ADDRESS 100 S.E. 32 ROAD  
CITY-ST-ZIP MIAMI, FL 33129

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

*[Signature]*

JAMES MARX

4-19-04

305/577-0276

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #