

# 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      Mailing Address

**11421 TOFT ST.  
 COCONUT GROVE FL 33129**      **2838 BRICKELL AVE.  
 COCONUT GROVE FL 33129**

2. Principal Place of Business      3. Mailing Address

**2850 Brickell Ave.**      **2850 Brickell Ave.**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Miami, FL**      **Miami, FL**

Zip      Country      Zip      Country

**33129**      **USA**      **33129**      **USA**



MOORE      CR2E037 (11/03)

4. FEI Number      Applied For

**65-0699032**      Not Applicable

5. Certificate of Status Desired            \$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            **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	<input type="checkbox"/> Delete
NAME	GRAJEWSKI, ALANA	
STREET ADDRESS	2838 BRICKELL AVE.	
CITY-ST-ZIP	COCONUT GROVE FL 33129	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZIFF, DEAN	
STREET ADDRESS	2999 BRICKELL AVE.	
CITY-ST-ZIP	COCONUT GROVE FL 33129	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROSSMAN, JAY	
STREET ADDRESS	2838 BRICKELL AVE.	
CITY-ST-ZIP	COCONUT GROVE FL 33129	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES MARX	
STREET ADDRESS	2850 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEONARD ABESS	
STREET ADDRESS	100 S.E. 32 ROAD	
CITY-ST-ZIP	MIAMI, FL 33129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:            **JAMES MARX**      **4-19-04**      **305/577-0276**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #