2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N9500001685

Entity Name

THE CLIFF HAMMOCK HOMEOWNERS ASSOCIATION, INC.



FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90164 048 ****61.25

				N. T.					
Principal Plac	ce of Business	Mailing Address	Mailing Address						
2838 BRICKELL AVE. COCONUT GROVE FL 33129		2838 BRICKELL AVE. COCONUT GROVE FL 33129							
COCONOT GN	OAC LE 2015a	COCONUI GROVE PE 331	29		£ 100.000 000 (00.00		2(4) (1610 B)(4) (1	1481 6 110 1 28 1	
2 Principal F	Place of Business	3. Mailing Address							
11421	Taff St.	3. Mailing Address	a. Mailing Address			NIEKI UBSIL UDILI ADILI NUKSI U	AIBA IIQEB OLERE IO		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
Coconut Grove, FL.		City & State	City & State		4. FEI Number 65-0699032 Applied For Not Applicable				
Zip Country USA		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional				
6. Name and Address of Current Reg		Pagistored Agent	ed Agent		Fee Required 7. Name and Address of New Registered Agent				
	o. Name and Address of Current	negistered Agent	<u> - حـ ـ ـ ـ ـ ب</u>	Name	, 7. Name and Addres	s of item negistered	Ayeill		
	SKI, ALANA			Street Address (P.O. Box Number is Not Acceptable)					
	ICKELL AVE. JT: GROVE FL 33129								
0000	e, etc.			City		Zip Cod	le -		
						Fl	<u>- </u>		
	named entity submits this statement for tions of registered agent.	ir the purpose of changing its	s registere	ad office of registe	red agent, or both, in the	State of Florida. Tam	iamiliar with,	and accept	
SIGNATURE			<u></u>			·			
	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)	DATE			
		9 Election Ca	mnaign F	inancino	\$5.00 · · · ·	Make Chec	k Pavahle	to ==-	
	FILE NOW: FEE IS \$61.25		Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees	Florida Depa			
10 >	OFFICERS AND DI	DECTORO	- 44		ADDITIONS (S) IANGES	TO OFFICERS AND D	IDEOTOBO IA	110	
TITLE	OFFICERS AND DI	Delete	TITLE		ADDITIONS/CHANGES	TO OFFICERS AND D	Change	Addition	
NAME	GRAJEWSKI, ALANA	□ Delete	NAMI				□ onange		
STREET ADDRESS	2838 BRICKELL AVE.		STRE	ET ADDRESS)	
CITY-ST-ZIP	COCONUT GROVE FL 33129		CITY	-ST-ZIP					
TITLE	-	□ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS	Ziff, Dean 2999 Brickell ave.		NAM	E Et adoress				}	
CITY-ST-ZIP	COCONUT GROVE FL 33129			-ST-ZIP				ļ	
TITLE	D	☐ Delete	TITLE		- · · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
NAME	GROSSMAN, JAY		NAM				<u> </u>		
STREET ADDRESS	2838 BRICKELL AVE.		STRE	ET ADDRESS					
CITY-ST-ZIP	COCONUT GROVE FL 33129		CITY-	-ST-ZIP					
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition	
NAME			NAME					}	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP					
TITLE	<u> </u>	Delete	TITLE				☐ Change	Addition	
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STREET ADDRESS				ET ADDRESS				}	
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NAME			NAME	Į.					
STREET ADDRESS				ET ADDRESS				}	
CITY-ST-ZIP			ÆITY-	·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:

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954-967-8500