

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

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

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

DOCUMENT # N95000001685

1. Entity Name

THE CLIFF HAMMOCK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**2838 BRICKELL AVE.
COCONUT GROVE FL 33129**

Mailing Address

**2838 BRICKELL AVE.
COCONUT GROVE FL 33129**

2. Principal Place of Business

3. Mailing Address

1142 T&H St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coconut Grove, FL.

City & State

Zip

33129

Country

USA

Zip

Country

4. FEI Number **65-0699032**

Applied For

Not Applicable

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

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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: *[Signature]* **4/11/03 954-967-0500**

CR2E037 (10/02)