


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90511 024 ****61.25

DOCUMENT # N96000000850 1. Entity Name THE FRIENDS OF WAINWRIGHT HAMMOCK, INC.	
--	---

Principal Place of Business 2999 BRICKELL AVENUE MIAMI, FL 33129	Mailing Address 2999 BRICKELL AVENUE MIAMI, FL 33129
--	--

34040327



02042004 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0750781	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ZIFF, DEAN 2999 BRICKELL AVENUE MIAMI, FL 33129

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAJEWSKI, ALANA 2838 BRICKELL AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIFF, DEAN 2999 BRICKELL AVE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSSMAN, JAY 2838 BRICKELL AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEAN ZIFF

4-21-04
Date

(305) 850-0323
Daytime Phone #