

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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**



04272005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0750781

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

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

10. OFFICERS AND DIRECTORS

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

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05/02/05-80107-014 61.25

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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: Dean Ziff DEAN ZIFF Director 4-27-05 305-856-0323

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #