


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90785 001 ***630.00

DOCUMENT # N05000005713

1. Entity Name
THE HAMMOCKS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
 3300 UNIVERSITY DRIVE
 CORAL SPRINGS, FL 33065

Mailing Address
 3300 UNIVERSITY DRIVE
 CORAL SPRINGS, FL 33065

66013413

2. Principal Place of Business
11500 Old Tampa Bay Dr

3. Mailing Address
11500 Old Tampa Bay Dr

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



04192006 Chg-NP CR2E037 (11/05)

City & State
San Antonio, Fl

City & State
San Antonio, Fl

Zip Country Zip Country
33576 **33576** **33576**

4. FEI Number
20-4381656

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GERSON, GARY N
1645 PALM BEACH LAKES BOULEVARD
SUITE 1200
WEST PALM BEACH, FL 33401

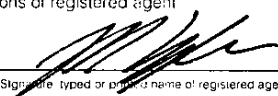
7. Name and Address of New Registered Agent

Name
Jonnie R. Tyler

Street Address (P.O. Box Number is Not Acceptable)
11500 Old Tampa Bay Dr

City State Zip Code
San Antonio FL 33576

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:  DATE: **4-24-06**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

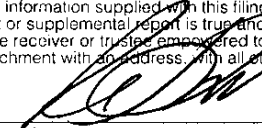
Filing Fee is \$61.25 Due by May 1, 2006

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		P Robert D Krieff 11500 Old Tampa Bay Dr San Antonio, Fl 33576	
		VP Lauren Arcaro 11500 Old Tampa Bay Dr San Antonio, FL 33576	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		T Ron Forrest 11500 Old Tampa Bay Dr San Antonio, Fl 33576	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Date: **4/28/06** Daytime Phone #: **352-588-2400**

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