2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005713

FILED Apr 15, 2009 Secretary of State

Entity Name: THE HAMMOCKS TOWNHOMES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6150 STATE ROAD 70 4131 GUNN HWY BRADENTON, FL 34203 TAMPA, FL 33618

Current Mailing Address: New Mailing Address:

2391 PONTIAC RD 4131 GUNN HWY AUBURN HILLS, MI 48326 TAMPA, FL 33618

FEI Number: 20-4381656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANDARC, INC.

6150 STATE ROAD 70

BRADENTON, FL 34203 US

BECKER & POLIAKOFF P.A.
311 PARK BLVD SUITE 250
CLEARWATER, FL 33759 US

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.

SIGNATURE: ELLEN HIRSCH - DEHANN 04/15/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

 Name:
 FEATHER, RICK
 Name:
 FEATHER, RICK

 Address:
 11331 OLD TAMPA BAY DR.
 Address:
 4131 GUNN HWY

 City-St-Zip:
 SAN ANTONIO, FL 33576
 City-St-Zip:
 TAMPA, FL 33618

 Name:
 ARCARO, LAUREN
 Name:
 ARCARO, LAUREN

 Address:
 11331 OLD TAMPA BAY DR.
 Address:
 4131 GUNN HWY

 City-St-Zip:
 SAN ANTONIO, FL 33576
 City-St-Zip:
 TAMPA, FL 33618

Title: T (X) Delete Title: () Change () Addition

 Name:
 DONNELLY, KEITH
 Name:

 Address:
 11331 OLD TAMPA BAY DR.
 Address:

 City-St-Zip:
 SAN ANTONIO, FL 33576
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICK FEATHER PD 04/15/2009