2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004
Secretary of State

DOCUMENT# N14294

Entity Name: BAY HAMMOCK OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

10 FLAMINGO HAMMOCK RD
ISLAMORADA, FL 33036

New Principal Place of Business:

Current Mailing Address:

10 FLAMINGO HAMMOCK RD
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 59-2720630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RYAN, CHRISTEL C
10 FLAMINGO HAMMOCK ROAD
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RYAN, DENNIS
Address: 10 FLAMINGO HAMMOCK ROAD
City-St-Zip: ISLAMORADA, FL 33036

Title: V ( ) Delete
Name: NESS, ERNIE
Address: 82 CIDER HILL
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: S ( ) Delete
Name: NESS, KAREN
Address: 82 CIDER HILL
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: T ( ) Delete
Name: RYAN, CHRISTEL C
Address: 10 FLAMINGO HAMMOCK RD
City-St-Zip: ISLAMORADA, FL 33036

Title: D ( ) Delete
Name: MOELLER, RICK
Address: 6 IRONWOOD LANE
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHRISTEL C. RYAN T 04/30/2004

Electronic Signature of Signing Officer or Director Date