


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90236 002 ****61.25

DOCUMENT # N93000003498			
1. Entity Name HAMMOCK TRACE DISTRICT ASSOCIATION, INC.			
Principal Place of Business 7047 HAMMOCK TRACE DR MELBOURNE, FL 32940		Mailing Address P.O. BOX 410681 MELBOURNE, FL 32941-0681	
2. Principal Place of Business		3. Mailing Address PO BOX 410759	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Melbourne FL	
Zip	Country	Zip	Country
32941	USA	32941	USA
04132005 : Chg-NP		CR2E037 (10/03)	
4. FEI Number 59-3199602		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPACE COAST PROPERTY MANAGEMENT OF BREVARD 1617 COOLING AVENUE MELBOURNE, FL 32935		Name Advanced Property Mgmt.	
		Street Address (P.O. Box Number is Not Acceptable) 6747 N. Wickham Road	
		City Melbourne FL Zip Code 32940	
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: <i>Wickie Martin</i>		WICKIE MARTIN	4-12-05
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, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIKUTIS, NANCY	NAME	
STREET ADDRESS	1736 MORNING GLORY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32940	CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VDD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOBES, LANA	NAME	Math Jolley
STREET ADDRESS	6940 HAMMOCK TRACE DR	STREET ADDRESS	1735 Morning Glory Drive
CITY-ST-ZIP	MELBOURNE, FL 32940	CITY-ST-ZIP	MELBOURNE, FL 32940
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPPE, STEVE	NAME	
STREET ADDRESS	6962 HAMMOCK TRACE DR	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32940	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIES, DAWN	NAME	
STREET ADDRESS	7092 BRACKEN LANE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32940	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAUST, JOE	NAME	
STREET ADDRESS	1738 MORNING GLORY DRIVE	STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE, FL 32940	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Nancy Kikutis</i>		Nancy Kikutis - President	4/20/05 321 9603238
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

2004003

