


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90211 016 ****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 410759
 MELBOURNE, FL 32941**

2. Principal Place of Business

Suite, Apt. #, etc. **Advanced Property Mgmt, Inc.
 Suite 106**

City & State **1978 Rockledge Blvd
 Rockledge, FL 32955**

Zip _____ Country _____

4282006 Chg-NP CR2E037 (4/06)

4. FEI Number **59-3199602** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**ADVANCED PROPERTY MGMT
 6767 N WICKHAM ROAD
 MELBOURNE, FL 32940**

7. Name and Address of New Registered Agent

Name **Advanced Property Mgmt, Inc.**

Street **Suite 106**

City **1978 Rockledge Blvd
 Rockledge, FL 32955**

8. The above named entity submits this statement for the purpose of changing its registered office to registered agent, or both, in the state of Florida, and with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

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

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	P KIKUTIS, NANCY 1736 MORNING GLORY DRIVE MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Jim Saullo 7065 Red Bay Ct. Melbourne, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDD JOLLEY, MATT 1735 MORNING GLORY DRIVE MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Patrice Ignaszewski 7086 Red Bay Ct Melbourne, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOPPE, STEVE 6962 HAMMOCK TRACE DR MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary David Primack 6946 Hammock Trace Dr. Melbourne, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIES, DAWN 7092 BRACKEN LANE MELBOURNE, FL 32940 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Dawn Gies 7092 Braken Lane Melbourne, FL 32940 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAUST, JOE 1738 MORNING GLORY DRIVE MELBOURNE, FL 32940 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Jonathan Morris 7062 Red Bay Lane <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Jim Saullo President* **4/30/2006 321-259-9557**

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