2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State
03-14-2006 90028 031 ****61.25

DOCUMENT # N94000002499

1. Entity Name
HAMMOCK CREEK MASTER HOMEOWNERS ASSOCIATION, INC.

40030358

Principal Place of Business	Mailing Address
2101 S. CONGRESS AVE DELRAY BEACH, FL 33445	2101 S. CONGRESS AVE DELRAY BEACH, FL 33445

02212006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
1111 SE Federal Hwy	1111 SE Federal Hwy
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Stuart, FL	City & State: Stuart, FL
Zip: 34994 Country:	Zip: 34994 Country:

4. FEI Number 65-0584144 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAWYER, C F
1111 SE FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____
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	PD ELMORE, GEORGE T 2101 S. CONGRESS AVE DELRAY BEACH, FL 334457398	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD REICHEL, DARLENE 2314 SW Golden Bear Way Palm City, FL 34990 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD SCHAEFER, CONRAD W 4152 W. BLUE HERON BLVD., SUITE 128 RIVIERA BEACH, FL 33404	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Forbes, Sean 4499 SW Lapaloma Drive Palm City, FL 34990 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD FAGAN, GREGORY J 4152 W. BLUE HERON BLVD., SUITE 128 RIVIERA BEACH, FL 33404	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GORDON, DOUG 2101 S. CONGRESS AVE DELRAY BEACH, FL 334557398	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD URCHECK, NANCY 5044 SW Hammock Creek Drive Palm City, FL 34990 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARROP, STEVEN 2400 Golden Bear Way Palm City, FL 34990 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Darlene Reichel, Pres. 3/9/06 772-334-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #