

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 21, 2008  
Secretary of State**

DOCUMENT# N97000006912

Entity Name: HAMMOCKS ASSOCIATION, INC.

**Current Principal Place of Business:**

1627 E. BROWARD BLVD.  
#A  
FT. LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

1633 E BROWARD BLVD  
#A  
FT. LAUDERDALE, FL 33301

**New Mailing Address:**

FEI Number: 65-0631973      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KOWALSKY, FRED  
1633 E. BROWARD BLVD.  
FT. LAUDERDALE, FL 33301      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: PD      ( ) Delete  
Name: KOWALSKY, FRED  
Address: 1633 E. BROWARD BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: VPD      ( ) Delete  
Name: FINEBERG, ESTELLE  
Address: 1629 E. BROWARD BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: STD      ( ) Delete  
Name: ROY, MICHAEL D  
Address: 1627 E. BROWARD BLVD  
City-St-Zip: FORT LAUDERDALE, FL 33301

**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:

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: FRED KOWALSKY

PD

02/21/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date