

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90087 021 ****61.25

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1. Entity Name
HAMMOCKS TRAIL AT RIVER BRIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**100 RIVER BRIDGE BLVD.
GREENACRES CITY, FL 33413 US**

Mailing Address
**100 RIVER BRIDGE BLVD.
GREENACRES CITY, FL 33413 US**

50033280



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0401007

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASSOCIATED PROPERTY MANAGEMENT OF THE PALM
1928 LAKE WORTH ROAD
LAKE WORTH, FL 33461**

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, 2005

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

TITLE PD ☒ Delete
NAME GREIM, GEORGE
STREET ADDRESS 404 TROTTERS LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE VD ☐ Delete
NAME LAWTON, WALLACE
STREET ADDRESS 209 TRAILS END
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE D ☐ Delete
NAME LINARDOS, ANN
STREET ADDRESS 300 HAMMOCKS TRAIL
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE TD ☒ Delete
NAME BRAM, JOAN
STREET ADDRESS 201 TRAILS END
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE SD ☒ Delete
NAME VICTOR, DONALD
STREET ADDRESS 373 HAMMOCKS TRAIL
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME MOLOW, BERT
STREET ADDRESS 381 HAMMOCKS TRAIL
CITY-ST-ZIP GREENACRES, FL 33413

TITLE SD ☐ Change ☒ Addition
NAME GREIM, JUDY
STREET ADDRESS 404 TROTTERS LANE
CITY-ST-ZIP GREENACRES, FL 33413

TITLE TD ☐ Change ☒ Addition
NAME GRANGER, DANIEL
STREET ADDRESS 372 HAMMOCKS TRAIL
CITY-ST-ZIP WEST PALM BEACH, FL 33413

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/05