


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90051 039 ****61.25

DOCUMENT # N95000000129							
1. Entity Name THE HAMMOCKS AT LAKE HERON HOMEOWNERS' ASSOCIATION, INC.							
Principal Place of Business 21428 KEATING WAY LUTZ, FL 33549 US			Mailing Address PO BOX 633 LUTZ, FL 33548				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-3313725			
				Applied For <input type="checkbox"/> 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				
FINANCIAL ACCOUNTING SERVICES OF TAMPA 21438 KEATING WAY LUTZ, FL 33549			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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	DP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ESHELMAN, NATE		NAME				
STREET ADDRESS	21410 KEATING WAY		STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP				
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROGERS, BETTY L		NAME				
STREET ADDRESS	21438 KENTING WAY		STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	MAGNEY, KAREN		NAME				
STREET ADDRESS	1447 PLOVER CT		STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP				
TITLE	DS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	SOMMERFELD, HELEN		NAME	DS Louise Switzer			
STREET ADDRESS	21314 KEATING WAY		STREET ADDRESS	21422 Keating Way			
CITY-ST-ZIP	LUTZ, FL 33549		CITY-ST-ZIP	Lutz, FL 33549			
TITLE	DVP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GARVER, ED		NAME				
STREET ADDRESS	21421 KEATING WAY		STREET ADDRESS				
CITY-ST-ZIP	LUTZ, FL 33549		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>Betty L Rogers</i>		Betty L Rogers		4-11-05 813-988-5565			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			