


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90180 044 \*\*\*\*61.25

<b>DOCUMENT # N95000000129</b>			
1. Entity Name <b>THE HAMMOCKS AT LAKE HERON HOMEOWNERS' ASSOCIATION, INC.</b>			
Principal Place of Business <b>21428 KEATING WAY LUTZ, FL 33549 US</b>		Mailing Address <b>PO BOX 633 LUTZ, FL 33548</b>	
2. Principal Place of Business - No P.O. Box # <i>21438 Keating Way</i>		3. Mailing Address Suite, Apt. #, etc.	
City & State <i>Lutz, FL</i>		City & State	
Zip <i>33549</i>	Country <i>US</i>	Zip	Country
6. Name and Address of Current Registered Agent <b>FINANCIAL ACCOUNTING SERVICES OF TAMPA 21438 KEATING WAY LUTZ, FL 33549</b>		7. Name and Address of New Registered Agent Name <i>Betty L. Rogers</i> Street Address (P.O. Box Number is Not Acceptable) <i>21438 Keating Way</i> City <i>Lutz</i> FL Zip Code <i>33549</i>	
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 <i>Betty L. Rogers</i> DATE <i>4-23-07</i> <small>Signature, typed or printed name of registered agent acceptable if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ESHELMAN, NATE 21410 KEATING WAY LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROGERS, BETTY L 21438 KENTING WAY LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>21438 Keating Way</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAGNEY, KAREN 1447 PLOVER CT LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SWITZER, LOUISE 21422 KEATING WAY LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOFMANN, CLAUDIA 21442 KEATINGWAY LUTZ, FL 33549 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>21442 Keating Way</i>
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: <i>Betty L. Rogers</i>		Date <i>4-23-07</i> Daytime Phone # <i>813-988-5565</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	