

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759987

FILED
Jul 18, 2007
Secretary of State

Entity Name: HAMMOCK PINE VILLAGE I ASSOCIATION, INC.

Current Principal Place of Business:

28100 US HIGHWAY 19 NORTH
SUITE 305
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

28100 US HIGHWAY 19 NORTH
SUITE 305
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 59-2110433 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RESOURCE PROPERTY MANAGEMENT
28100 US HIGHWAY 19 NORTH
SUITE 305
CLEARWATER, FL 33761 US

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: D () Delete
Name: SENA, ANITA
Address: 2414 HAMMOCK PINE BLVD.
City-St-Zip: CLEARWATER, FL 33761

Title: SD () Delete
Name: HEATER, ROBERT
Address: 2008 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

Title: PD () Delete
Name: DROLET, PAUL
Address: 2114 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

Title: VPD () Delete
Name: WIEBE, JEFF
Address: 2109 HAMMOCK PINE BOULEVARD
City-St-Zip: CLEARWATER, FL 33761

Title: T (X) Delete
Name: WATERMAN, ROSA
Address: 2105 HAMMOCK PINE BOULEVARD
City-St-Zip: CLEARWATER, FL 33761

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:

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: MARY HADNOTT, RESOURCE PROPERTY MGMT

PM

07/18/2007

Electronic Signature of Signing Officer or Director

Date