

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2008
Secretary of State

DOCUMENT# N95000000129

Entity Name: THE HAMMOCKS AT LAKE HERON HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

21438 KEATING WAY
LUTZ, FL 33549 US

New Principal Place of Business:

21420 KEATING WAY
LUTZ, FL 33549 US

Current Mailing Address:

PO BOX 633
LUTZ, FL 33548

New Mailing Address:

FEI Number: 59-3313725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROGERS, BETTY L
21438 KEATING WAY
LUTZ, FL 33549 US

Name and Address of New Registered Agent:

CUTTING, MONICA A
21420 KEATING WAY
LUTZ, FL 33549 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: MONICA A. CUTTING

01/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: ESHELMAN, NATE
Address: 21410 KEATING WAY
City-St-Zip: LUTZ, FL 33549

Title: DT () Delete
Name: ROGERS, BETTY L
Address: 21438 KEATING WAY
City-St-Zip: LUTZ, FL 33549

Title: DS () Delete
Name: MAGNEY, KAREN
Address: 1447 PLOVER CT
City-St-Zip: LUTZ, FL 33549

Title: DP () Delete
Name: SWITZER, LOUISE
Address: 21422 KEATING WAY
City-St-Zip: LUTZ, FL 33549

Title: D () Delete
Name: HOFMANN, CLAUDIA
Address: 21442 KEATING WAY
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: COSLOV, DEBRA
Address: 21432 KEATING WAY
City-St-Zip: LUTZ, FL 33549

Title: DT (X) Change () Addition
Name: CUTTING, MONICA A
Address: 21420 KEATING WAY
City-St-Zip: LUTZ, FL 33549

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: SCHNEPPER, RONALD
Address: 1427 PLOVER CT
City-St-Zip: LUTZ, FL 33549

Title: D (X) Change () Addition
Name: KENNISON, VICKI
Address: 21446 KEATING WAY
City-St-Zip: LUTZ, FL 33549

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: MONICA A. CUTTING

DT

01/28/2008

Electronic Signature of Signing Officer or Director

Date