

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000129

FILED  
Feb 07, 2010  
Secretary of State

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

**Current Principal Place of Business:**

21442 KEATING WAY  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**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:**

HOFMANN, JOHN J JR  
21442 KEATING WAY  
LUTZ, FL 33549 US

**Name and Address of New Registered Agent:**

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: DP  
Name: COSLOV, DEBRA  
Address: 21432 KEATING WAY  
City-St-Zip: LUTZ, FL 33549

Title: DT  
Name: HOFMANN, JOHN J JR  
Address: 21442 KEATING WAY  
City-St-Zip: LUTZ, FL 33549

Title: DS  
Name: SWITZER, LOUISE  
Address: 21422 KEATING WAY  
City-St-Zip: LUTZ, FL 33549

Title: DVP  
Name: CARDILLIO, JULIA  
Address: 21443 KEATING WAY  
City-St-Zip: LUTZ, FL 33549

Title: D  
Name: ESHELMAN, LORETTA  
Address: 21410 KEATING WAY  
City-St-Zip: LUTZ, FL 33549

I hereby 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 all other like empowered.

SIGNATURE: JOHN HOFMANN

DT

02/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date