

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000129

FILED  
Jan 10, 2012  
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:**

HOFMANN, CLAUDIA M  
21442 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: CLAUDIA M. HOFMANN

01/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DVP  
Name: LAST, CARL  
Address: 21452 KEATING WAY  
City-St-Zip: LUTZ, FL 33549

Title: D  
Name: HOFMANN, CLAUDIA M  
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: DP  
Name: MILLER, CARL J  
Address: 21441 KEATING WAY  
City-St-Zip: LUTZ, FL 33549

Title: DT  
Name: ESHELMAN, NATHAN  
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: CLAUDIA M. HOFMANN

MRS.

01/10/2012

Electronic Signature of Signing Officer or Director

Date