

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 23, 2006 08:00 AM
Secretary of State**

DOCUMENT # 729427

1. Entity Name
HAMMER POINT OWNERS ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 90
TAVERNIER, FL 33070-2826**

Mailing Address
**P.O. BOX 90
TAVERNIER, FL 33070-2826**



01192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2757114

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LANCASTER, RICHARD
109 ELLINGTON CT.
TAVERNIER, FL 33070**

**DO NOT WRITE
IN THIS SPACE**

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

RICHARD LANCASTER

11/19/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
CANNON BURKE
141 WESTMINSTER DR.
TAVERNIER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MILLS, NANCY
121 GUILFORD CRT
TAVERNIER, FL 33070**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
FORGAN, RUTH
149 FAIRWICH CRT
TAVERNIER, FL 33070**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LANCASTER, RICHARD W
109 ELLINGTON CT.
TAVERNIER, FL 33070**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ATD
ARMBRUSTER, HARRIET
213 DEXTER CT
TAVERNIER, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000395304
01/27/06-80011-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Nancy Mills

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/19/06

Date

305 853-0824

Daytime Phone #