

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**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



04172007 No Chg-NP

CR2E037 (4/06)

**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 \_\_\_\_\_

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, 2007**

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

**DO NOT WRITE  
IN THIS SPACE**

U00000718222  
05/01/07-80013-012 61.25

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Nancy Mills*

4/17/07

305 853 0824