


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2008 08:00 AM**  
**Secretary of State**

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| <b>DOCUMENT # 729427</b><br>1. Entity Name<br><b>HAMMER POINT OWNERS ASSOCIATION, INC.</b> |  |
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| Principal Place of Business<br><b>P.O. BOX 90<br/>TAVERNIER, FL 33070-2826</b> | Mailing Address<br><b>P.O. BOX 90<br/>TAVERNIER, FL 33070-2826</b> |
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04302008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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| 4. FEI Number<br><b>59-2757114</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> 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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

U00000944717  
05/29/08-80110-013 61.25

**10. OFFICERS AND DIRECTORS**

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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>CANNON BURKE<br>141 WESTMINSTER DR.<br>TAVERNIER, FL |
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|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>MILLS, NANCY<br>121 GUILFORD CRT<br>TAVERNIER, FL 33070 |
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|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | S<br>FORGAN, RUTH<br>149 FAIRWICH CRT<br>TAVERNIER, FL 33070 |
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|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>LANCASTER, RICHARD W<br>109 ELLINGTON CT.<br>TAVERNIER, FL 33070 |
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|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ATD<br>ARMBRUSTER, HARRIET<br>213 DEXTER CT<br>TAVERNIER, FL |
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|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
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**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 **NANCY MILLS** 4/29/08 3058530824  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #