2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2009
Secretary of State

DOCUMENT# 729427

Entity Name: HAMMER POINT OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 90
TAVERNIER, FL 330702826

New Principal Place of Business:

MM93
TAVERNIER, FL 330702826

Current Mailing Address:

P.O. BOX 90
TAVERNIER, FL 330702826

New Mailing Address:

FEI Number: 59-2757114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LANCASTER, RICHARD
109 ELLINGTON CT.
TAVERNIER, FL 33070 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: VD ( ) Delete
Name: CANNON BURKE
Address: 141 WESTMINSTER DR.
City-St-Zip: TAVERNIER, FL

Title: TD ( ) Delete
Name: MILLS, NANCY
Address: 121 GUILFORD CRT
City-St-Zip: TAVERNIER, FL 33070

Title: S ( ) Delete
Name: FORGAN, RUTH
Address: 149 FAIRWICH CRT
City-St-Zip: TAVERNIER, FL 33070

Title: PD ( ) Delete
Name: LANCASTER, RICHARD W
Address: 109 ELLINGTON CT.
City-St-Zip: TAVERNIER, FL 33070

Title: ATD ( ) Delete
Name: ARMBRUSTER, HARRIET
Address: 213 DEXTER CT
City-St-Zip: TAVERNIER, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NANCY MILLS TR 07/20/2009
Electronic Signature of Signing Officer or Director — Date