

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729427

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** HAMMER POINT OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

MM93  
TAVERNIER, FL 33070

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 90  
TAVERNIER, FL 33070

**New Mailing Address:**

**FEI Number:** 59-2757114

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARTH, VALERIE  
128 FAIRWICH 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: P  
Name: HOPKINS, GORDON G JR  
Address: 114 WESTMINSTER DR.  
City-St-Zip: TAVERNIER, FL 33070

Title: VP  
Name: MERLO, KATHY  
Address: 158 WESTMINSTER DR  
City-St-Zip: TAVERNIER, FL 33070

Title: S  
Name: WOLTANSKI, SUE  
Address: 146 WESTMINSTER DR  
City-St-Zip: TAVERNIER, FL 33070

Title: TR  
Name: BARTH, VALERIE  
Address: 128 FAIRWICH CT  
City-St-Zip: TAVERNIER, FL 33070

Title: PLM  
Name: HOPKINS, GORDON SR  
Address: 118 WESTMINSTER DR  
City-St-Zip: TAVERNIER, FL 33070

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: VALERIE BARTH

TREA

02/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date