

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738124

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE HAMMOCK OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

5522 NW 43RD ST
SUITE B
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

5522 NW 43RD ST
SUITE B
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 59-2355688 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KEOHANE, MARK J
5532 NW 43RD ST STE A
GAINESVILLE, FL 32653 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: PD () Delete
Name: ABEL, BARBARA
Address: 5514 NW 99 TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: GAFFNEY, JEROME
Address: 5530 NW 97 ST
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: COHEN, ROBERT
Address: 10000 NW 57 PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: VPD () Delete
Name: SOLUTION, STEVEN
Address: 5608 NW 99 TERR
City-St-Zip: GAINESVILLE, FL 32653

Title: STD (X) Delete
Name: BOYKIN, BETTY
Address: 5402 NW 97 ST
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPD (X) Change () Addition
Name: GOLDBERG, SCOTT
Address: 5620 NW 97 STREET
City-St-Zip: GAINESVILLE, FL 32653

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

Title: PD (X) Change () Addition
Name: COHEN, ROBERT
Address: 10000 NW 57 PLACE
City-St-Zip: GAINESVILLE, FL 32653

Title: STD (X) Change () Addition
Name: BOYKIN, BETTY
Address: 5402 NW 97 STREET
City-St-Zip: GAINESVILLE, FL 32653

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: ROBERT COHEN

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date