

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739135

FILED  
Jul 30, 2009  
Secretary of State

**Entity Name:** THE HAMMOCK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

6870 HAMMOCK LN  
WEST PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

6870 HAMMOCK LN  
WEST PALM BEACH, FL 33411

**New Mailing Address:**

6809 HAMMOCK LN  
WEST PALM BEACH, FL 33411

**FEI Number:** 65-0144680      **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:**

WELCH, EDWARD D  
6809 HAMMOCK LN  
WEST PALM BEACH, FL 33411      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: SD      ( ) Delete  
Name: DRUSCALE, JOANN  
Address: 6840 HAMMOCK LN  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: TD      ( ) Delete  
Name: WELCH, EDWARD D.  
Address: 6809 HAMMOCK LANE  
City-St-Zip: WEST PALM BEACH, FL

Title: VD      ( ) Delete  
Name: HAYHURST, R G  
Address: 6869 HAMMOCK LN  
City-St-Zip: WEST PALM BEACH, FL 33411

Title: PD      ( ) Delete  
Name: BUTLER, BRANDT  
Address: 6870 HAMMOCK LANE  
City-St-Zip: WEST PALM BEACH, 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:

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: EDWARD D. WELCH

SD

07/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date