

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742316

FILED
Apr 27, 2009
Secretary of State

Entity Name: THE HAMMOCK UNIT NO. 2 OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

5522 NW 43 STREET
SUITE B
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 59-2541038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORALES, CAROL
BOSSHARDT PROPERTY MGT INC.
5522 NW 43 STREET SUITE B
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: D () Delete
Name: JOPLING, JOHN
Address: 5323 N.W. 92ND WAY
City-St-Zip: GAINESVILLE, FL 32653

Title: TD () Delete
Name: SANFORD, JEAN
Address: 5916 NW 91ST BLVD
City-St-Zip: GAINESVILLE, FL

Title: P/D () Delete
Name: CUNNINGHAM, ROBERT E
Address: 5600 NW 91ST BLVD
City-St-Zip: GAINESVILLE, FL 32653

Title: VD () Delete
Name: RUSSELL, DAVID
Address: 5726 NW 91ST BLVD
City-St-Zip: GAINESVILLE, FL 32653

Title: S/D () Delete
Name: MANK, LAYTON
Address: 9417 NW 59 LANE
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TD (X) Change () Addition
Name: SANFORD, JEANNE
Address: 5916 NW 91ST BLVD
City-St-Zip: GAINESVILLE, FL

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

Title: VPD (X) Change () Addition
Name: RUSSELL, DAVID
Address: 5726 NW 91ST BLVD
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 E. CUNNINGHAM

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

Date