

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 746649

FILED
Apr 08, 2009
Secretary of State

Entity Name: HAMMOCK AT COCONUT CREEK ASSOCIATION, INC.

Current Principal Place of Business:

HAMMOCK AT COCONUT ASSO.
1801 CEDAR DR.
COCONUT CREEK, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

HAMMOCK AT COCONUT ASSO.
1801 CEDAR DR.
COCONUT CREEK, FL 33063 US

New Mailing Address:

FEI Number: 59-1976369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRIMSKY, BARBARA
1801 CEDAR DRIVE
COCONUT CREEK, FL 33063 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: CHAMBERLIN, MARIAN
Address: 4711 SATINWOOD TRAIL
City-St-Zip: COCONUT CREEK, FL 33063

Title: D () Delete
Name: BOWN, CAROLANN
Address: 1856 TAMARIND LANE
City-St-Zip: COCONUT CREEK, FL 33063

Title: D () Delete
Name: LANE, EMILY
Address: 1774 MAPLEWOOD CIRCLE
City-St-Zip: COCONUT CREEK, FL 33063

Title: SD () Delete
Name: POOLE, SANDRA
Address: 1812 TAMARIND LANE
City-St-Zip: COCONUT CREEK, FL 33063

Title: TD () Delete
Name: KRIMSKY, BARBARA
Address: 1801 CEDAR DRIVE
City-St-Zip: COCONUT CREEK, FL 33063

Title: D () Delete
Name: SCHLEICHER, ANN
Address: 4601 TAMARIND CIRCLE
City-St-Zip: COCONUT CREEK, FL 33063

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHAMBERLIN, MARION
Address: 4711 SATINWOOD TRAIL
City-St-Zip: COCONUT CREEK, FL 33063

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

Title: VPD (X) Change () Addition
Name: LANE, EMILY
Address: 1774 MAPLEWOOD CIRCLE
City-St-Zip: COCONUT CREEK, FL 33063

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: MARION CHAMBERLIN

P

04/08/2009

Electronic Signature of Signing Officer or Director

Date