

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90273 037 ****61.25

DOCUMENT # 748319

1. Entity Name
THE HAMMOCK OF SANDALFOOT OWNERS ASSOCIATION, INC.



20046464



Principal Place of Business
**C/O GLEN MANAGEMENT SERVICES
 301 W CAMINO GARDENS BLVD., STE. 200
 BOCA RATON, FL 33431 US**

Mailing Address
**C/O GLEN MANAGEMENT SERVICES
 301 W CAMINO GARDENS BLVD., STE. 200
 BOCA RATON, FL 33431 US**

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04102005 Chg-NP CR2E037 (10/03)

4. FEI Number **59-2424474** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**A GLEN
 301 W CAMINO GARDENS BLVD
 SUITE 200
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **LEONARD, PATRICK M**
 STREET ADDRESS **301 WEST CAMINO GRDNS BLVD #200**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** Delete
 NAME **STEVENS, LORRI**
 STREET ADDRESS **301 W CAMINO GRDNS BLVD #200**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **HARTLEY, JOHN**
 STREET ADDRESS **301 W CAMINO GRDNS BLVD #200**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME ~~**SAMUELSON, CARL**~~
 STREET ADDRESS ~~**301 W CAMINO GARDENS BLVD. #200**~~
 CITY-ST-ZIP ~~**BOCA RATON, FL 33432**~~

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **WHITE, BONNIE**
 STREET ADDRESS **301 W CAMINO GRDNS BLVD #200**
 CITY-ST-ZIP **BOCA RATON, FL 33432**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the power or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN HARTLEY **4/15/05 (561)866-4556**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #