


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90103 037 \*\*\*\*61.25

**DOCUMENT # 748319**

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



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

Zip Country

40000 -



01292006 Chg-NP CR2E037 (11/05)

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, 2006**

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

TITLE	TD	<input type="checkbox"/> Delete
NAME	LEONARD, PATRICK M	
STREET ADDRESS	301 WEST CAMINO GRDNS BLVD #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STEVENS, LORRI	
STREET ADDRESS	301 W CAMINO GRDNS BLVD #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARTLEY, JOHN	
STREET ADDRESS	301 W CAMINO GRDNS BLVD #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, BONNIE	
STREET ADDRESS	301 W CAMINO GRDNS BLVD #200	
CITY-ST-ZIP	BOCA RATON, FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **4/17/06** (561)852-7073

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #