~2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 20, 2007 8:00 am Secretary of State

04-20-2007 90071 027 ****61.25

DOCUMENT #748319

THE HAMMOCK OF SANDALFOOT OWNERS ASSOCIATION, INC.



Principal Place of Business C/O GLEN MANAGEMENT SERVICES 301 W CAMINO GARDENS BLVD., STE. 200 · Mailing Address

C/O GLEN MANAGEMENT SERVICES 301 W CAMINO GARDENS BLVD., STE. 200

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BOCA RATON	l, FL 33431	US	BOCA	RATON, FL 33431	US	',				ENILOFONI BUDIN OHOM OH	
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	6. Name	and Address of Current R	Registere	d Agent				Address of	New Registe	ered Agent	
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SUITE 200 BOCO RATON FL 33431			22	22362 SW 57 CIRCLE							
					City 12	50 4	a RA	FON		FL 354	-2-X
8. The above the obligat	named entity	y submits this statement for	the purp	ose of changing its re	egistered office or r	egistere	d agent, or bot	th, in the State	of Florida.	I am familiar with,	and accept
· the obligat	ions or regist	ered ageni.			I hook					1.01	_
SIGNATURE .		\mathcal{A}_{ro}	7	JOHN	I JULY L	= 7			4	11310	7
SIGNATURE.	Signature, typed	or printed name of registered agent ar	nd litle if app	licable. (NOTE:	Registered Agent signature	e required w	hen reinstating)		С	DATE	<u>'</u>
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12. I hereby certify that the information supplied with this filling 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:

HARTLEU JOHN NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/07

561)8<u>52</u>