
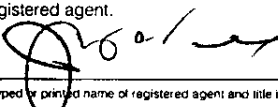
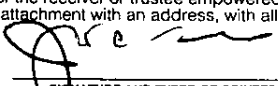


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

<b>DOCUMENT # 748319</b> 1. Entity Name <b>THE HAMMOCK OF SANDALFOOT OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>C/O GLEN MANAGEMENT SERVICES 301 W CAMINO GARDENS BLVD., STE. 200 BOCA RATON, FL 33431 US</b>		Mailing Address <b>C/O GLEN MANAGEMENT SERVICES 301 W CAMINO GARDENS BLVD., STE. 200 BOCA RATON, FL 33431 US</b>	
2. Principal Place of Business - No P.O. Box # <b>1/0 PRIME MANAGEMENT GROUP</b> Suite, Apt. #, etc. <b>6300 PARK OF COMMERCE BLVD</b> City & State <b>BOCA RATON, FL</b>		3. Mailing Address <b>1/0 PRIME MANAGEMENT GROUP</b> Suite, Apt. #, etc. <b>6300 PARK OF COMMERCE BLVD</b> City & State <b>BOCA RATON, FL</b>	
Zip <b>33487</b>	Country <b>PALESTINE</b>	Zip <b>33487</b>	Country <b>PALESTINE</b>
4. FEI Number <b>59-2424474</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>A GLEN 301 W CAMINO GARDENS BLVD SUITE 200 BOCA RATON, FL 33431</b>		7. Name and Address of New Registered Agent Name <b>JOHN HARTLEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>22362 SW 57th CIRCLE</b> City <b>BOCA RATON</b> FL Zip Code <b>33428</b>	
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  <b>JOHN HARTLEY</b> DATE <b>4/13/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>TD LEONARD, PATRICK M 301 WEST CAMINO GRDNS BLVD #200 BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>SD STEVENS, LORRI 301 W CAMINO GRDNS BLVD #200 BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PD HARTLEY, JOHN 301 W CAMINO GRDNS BLVD #200 BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>D WHITE, BONNIE 301 W CAMINO GRDNS BLVD #200 BOCA RATON, FL 33432</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP    	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  <b>JOHN HARTLEY</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/13/07</b> Daytime Phone # <b>(561)852-7073</b>	

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03282007 Chg-NP CR2E037 (12/06)