

FILED
Feb 27, 2008 8:00 am
Secretary of State


02-27-2008 90008 003 ****61.25

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

33314

DOCUMENT # 748319

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



Principal Place of Business
**C/O PRIME MANAGEMENT GROUP
 6300 PARK OF COMMERCE BLVD
 BOCA RATON, FL 33487 US**

Mailing Address
**C/O PRIME MANAGEMENT GROUP
 6300 PARK OF COMMERCE BLVD
 BOCA RATON, FL 33487 US**

2. Principal Place of Business - No P.O. Box #
 3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

Zip
 Country
 Zip
 Country

4005500-



01302008 Chg-NP CR2E037 (12/08)

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

**HARTLEY, JOHN
 22882 SW 57TH CIRCL
 BOCA RATON, FL 33428**

7. Name and Address of New Registered Agent

Name **JAY ~~STEVENS~~ Levine, P.A.**

Street Address (P.O. Box Number is Not Acceptable)
8500 N. Military Trail

Suite 285

City **Boca Raton** FL Zip Code **33431**

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 **2-21-08**

Signature, typed printed name of registered agent and fee if applicable. NOTE: Registered Agent disclosure required upon recording.

Filing Fee is **\$81.25** Due by **May 1, 2008**

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 NAME STREET ADDRESS CITY - ST - ZIP	TD LEONARD, PATRICK M 301 WEST CAMINO GRONS BLVD #200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD Patrick M. Leonard 22 316 SW 57th Circle Boca Raton, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD STEVENS, LORRI 301 W CAMINO GRONS BLVD #200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Lori Stevens 22308 SW 57th Circle Boca Raton, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARTLEY, JOHN 301 W CAMINO GRONS BLVD #200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD John Hartley 22362 SW 57th Circle Boca Raton, FL 33428 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WHITE, BONNIE 301 W CAMINO GRONS BLVD #200 BOCA RATON, FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bonnie White 22392 SW 57th Circle Boca Raton, FL 33428 <input checked="" 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:  DATE: **2/13/08** 561-866-4556

SIGNATURES AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR