

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 757490

FILED
Feb 07, 2009
Secretary of State

Entity Name: HAMMOCK OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

440 ROVINO AVE
CORAL GABLES, FL 33156

New Principal Place of Business:

Current Mailing Address:

440 ROVINO AVE
CORAL GABLES, FL 33156

New Mailing Address:

FEI Number: 59-2110561

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DONSKY, MAURICE
440 ROVINO AVE
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: ILEANA, BARBARA
Address: 483 CAMPANA AVE
City-St-Zip: CORAL GABLES, FL 33156

Title: PD () Delete
Name: DONSKY, MAURICE,
Address: 440 ROVINO AVENUE
City-St-Zip: CORAL GABLES, FL 33156

Title: D () Delete
Name: GONZALES, DAISY
Address: 11011 MARIN ST
City-St-Zip: CORAL GABLES, FL 33156

Title: VPD () Delete
Name: MARYANOFF, FREDA
Address: 414 ROVINO AVE
City-St-Zip: CORAL GABLES, FL 33156

Title: VPD () Delete
Name: SEPE, BONNIE
Address: 11084 MONFERO ST
City-St-Zip: CORAL GABLES, FL 33156

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE DONSKY

PRES

02/07/2009

Electronic Signature of Signing Officer or Director

Date