

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758690

FILED
Mar 03, 2009
Secretary of State

Entity Name: THE HAMMOCKS OF NAPLES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5535 RATTLESNAKE HAMMOCK ROAD
NAPLES, FL 34113

New Principal Place of Business:

Current Mailing Address:

5535 RATTLESNAKE HAMMOCK ROAD
NAPLES, FL 34113

New Mailing Address:

FEI Number: 59-2378022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, BRENDA
5535 RATTLESNAKE HAMMOCK RD
303
NAPLES, FL 34113 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: P () Delete
Name: MCDERMOTT, STEVE
Address: 5535 RTLSNK HMK RD # 203
City-St-Zip: NAPLES, FL 34113

Title: V () Delete
Name: SWEAT, ELLIS
Address: 5535 RATTLESNAKE HMK RD #303
City-St-Zip: NAPLES, FL 34113

Title: T () Delete
Name: FAYE, SCOTT
Address: 5535 RTLSNK HMK RD # 101
City-St-Zip: NAPLES, FL 34113

Title: S () Delete
Name: SMITH, BRENDA
Address: 5535 RATTLESNAKE HAMMOCK RD., 303
City-St-Zip: NAPLES, FL 34113

Title: D () Delete
Name: BESSETTE, PAT
Address: 5535 RTLSNK HMK RD # 304
City-St-Zip: NAPLES, FL 34113

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: FAYE SCOTT

T

03/03/2009

Electronic Signature of Signing Officer or Director

Date