

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759494

FILED
Mar 21, 2011
Secretary of State

Entity Name: DARK HAMMOCK ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3606 JUAN ORTIZ CIR
FORT PIERCE, FL 34947 US

New Principal Place of Business:

Current Mailing Address:

3606 JUAN ORTIZ CIR
FORT PIERCE, FL 34947 US

New Mailing Address:

3606 JUAN ORTIZ CIR
FORT PIERCE, FL 34947 US

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MAGNUSON, ROY G JR
3606 JUAN ORTIZ CIR
FORT PIERCE, FL 34947 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: PD
Name: MAGNUSON, ROY G JR
Address: 3606 JUAN ORTIZ CIR
City-St-Zip: FORT PIERCE, FL 34947 UN

Title: VD
Name: JOHNSON, RUBIN
Address: 3503 JUAN ORTIZ CIR
City-St-Zip: FORT PIERCE, FL 34947 UN

Title: SD
Name: HILL, JUANITA D
Address: 3605 JUAN ORTIZ CIR
City-St-Zip: FORT PIERCE, FL 34947 UN

Title: TD
Name: PARK, MARY C
Address: 608 JUAN ORTIZ CIRCLE
City-St-Zip: FORT PIERCE, FL 34947 UN

Title: D
Name: TOKES, BILLY
Address: 3505 FONTANEDA AVE
City-St-Zip: FORT PIERCE, FL 34947 UN

Title: D
Name: DECK, MARY
Address: 3405 MENENDEZ
City-St-Zip: FORT PIERCE, FL 34947 UN

I hereby 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 all other like empowered.

SIGNATURE: ROY G. MAGNUSON, JR.

PD

03/21/2011

Electronic Signature of Signing Officer or Director

_____ Date