


**FILED**  
**Jul 07, 2005 8:00 am**  
**Secretary of State**

07-07-2005 90009 039 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # 759987</b>			
1. Entity Name <b>HAMMOCK PINE VILLAGE I ASSOCIATION, INC.</b>			
Principal Place of Business 2430 ESTANCIA BLVD. SUITE 114 CLEARWATER, FL 33761 US		Mailing Address 2430 ESTANCIA BLVD. SUITE 114 CLEARWATER, FL 33761 US	
2. Principal Place of Business <i>38100 US Hwy 19 N</i>		3. Mailing Address <i>38100 US Hwy 19 N</i>	
Suite, Apt. #, etc. <i>305</i>		Suite, Apt. #, etc. <i>305</i>	
City & State <i>CLEARWATER, FL</i>		City & State <i>CLEARWATER, FL</i>	
Zip <i>33761</i>		Country	
4. FEI Number <i>59-2110433</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>FLORIDA CENTRAL MANAGEMENT, INC</b> 2430 ESTANCIA BLVD. SUITE 114 CLEARWATER, FL 33761		7. Name and Address of New Registered Agent Name <i>Resource Prop. Mgmt.</i> Street Address (P.O. Box Number is Not Acceptable) <i>38100 US Hwy 19 N, Ste 305</i> <i>CLEARWATER</i> <i>33761</i> City <b>FL</b> Zip Code	
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 <i>[Signature]</i> DATE <i>6/13/05</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>			
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	D SENA, ANITA 2414 HAMMOCK PINE BLVD. CLEARWATER, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Drolet, Aud Ave Blvd 2114 Hammock Ave Blvd CLEARWATER, FL 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURONOVSKY, HELEN 1801 HAMMOCK PINE BLVD CLEARWATER, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WATERMAN, ROSA Ave Blvd. 2105 Hammock Ave Blvd. CLEARWATER, FL 33761 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THORPE, RAY 2306 HAMMOCK PINE BLVD CLEARWATER, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALESSANDRO, KAREN 2008 HAMMOCK PINE BLVD CLEARWATER, FL 33781 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARBAJAL, MILDRED 1809 HAMMOCK PINE BLVD CLEARWATER, FL 33781 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(i), 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: <i>[Signature]</i>		DATE: <i>6-28-05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR</small>		<small>DATE</small>	

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