## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 759987** 

FILED Apr 28, 2008 Secretary of State

Entity Name: HAMMOCK PINE VILLAGE I ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
28100 US HIGHWAY 19 NORTH					
SUITE 305 CLEARWATER, FL 33761 US					
Current Mailing Address:			Now Mailie	New Mailing Address:	
_			New Main	ig Addiess.	
28100 US F SUITE 305	GHWAY 19 NORTH				
	TER, FL 33761	US			
FEI Number:	59-2110433 F	El Number Applied For ( ) FE	l Number Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
28100 US F SUITE 305	E PROPERTY MA HIGHWAY 19 NOI TER, FL 33761 U	RTH			
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:					
		Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D ( ) Dele SENA, ANITA 2414 HAMMOCK PI CLEARWATER, FL	NE BLVD.	Title: Name: Address: City-St-Zip:	()Change()Addition	
Title: Name: Address: City-St-Zip:	SD () Dele HEATER, ROBERT 2008 HAMMOCK P CLEARWATER, FL	INE BLVD	Title: Name: Address: City-St-Zip:	SD (X) Change ( ) Addition MOURTOS, HARRY 2110 HAMMOCK PINE BLVD CLEARWATER, FL 33761	
Title: Name: Address: City-St-Zip:	PD () Delo DROLET, PAUL 2114 HAMMOCK PI CLEARWATER, FL	NE BLVD	Title: Name: Address: City-St-Zip:	PD (X) Change ( ) Addition LICCIADELLO, AL 2014 HAMMOCK PINE BLVD CLEARWATER, FL 33761	
Title: Name: Address: City-St-Zip:	VPD ( ) Delo WIEBE, JEFF 2109 HAMMOCK PI CLEARWATER, FL	NE BOULEVARD	Title: Name: Address: City-St-Zip:	VPTD (X) Change ( ) Addition HERMMANN, WILLIAM 2401 HAMMOCK PINE BOULEVARD CLEARWATER, FL 33761	
Title: Name: Address: City-St-Zip:	()Delu	ete	Title: Name: Address: City-St-Zip:	D () Change (X) Addition RULLO, WILLIAM 2412 HAMMOCK PINE BOULEVARD CLEARWATER, FL 33761	

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: AL LICCIADELLO PD 04/28/2008