

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759987

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: HAMMOCK PINE VILLAGE I ASSOCIATION, INC.

**Current Principal Place of Business:**

40347 US HWY 19 N.  
SUITE 229  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

**Current Mailing Address:**

40347 US HWY 19 N.  
SUITE 229  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

FEI Number: 59-2110433      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CITADEL PROPERTY MANAGEMENT GROUP, INC.  
40347 US HWY 19 N.  
SUITE 229  
TARPON SPRINGS, FL 34689 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: D ( ) Delete  
Name: SENA, ANITA  
Address: 2414 HAMMOCK PINE BLVD.  
City-St-Zip: CLEARWATER, FL 33761

Title: SD ( ) Delete  
Name: MOURTOS, HARRY  
Address: 2110 HAMMOCK PINE BLVD  
City-St-Zip: CLEARWATER, FL 33761

Title: PD ( ) Delete  
Name: LICCIADDELLO, AL  
Address: 2014 HAMMOCK PINE BLVD  
City-St-Zip: CLEARWATER, FL 33761

Title: VPTD ( ) Delete  
Name: HERMMANN, WILLIAM  
Address: 2401 HAMMOCK PINE BOULEVARD  
City-St-Zip: CLEARWATER, FL 33761

Title: D ( ) Delete  
Name: RULLO, WILLIAM  
Address: 2412 HAMMOCK PINE BOULEVARD  
City-St-Zip: CLEARWATER, FL 33761

**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: JIM RANALLO, LCAM

AGNT

04/13/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date