

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763118

FILED
Mar 23, 2009
Secretary of State

Entity Name: THE HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION III, INC.

Current Principal Place of Business:

16 CHURCH STREET
OSPREY, FL 34229 US

New Principal Place of Business:

2477 STICKNEY POINT RD.
118A
SARASOTA, FL 34231 US

Current Mailing Address:

C/O ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT ROAD, SUITE 118A
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 59-2346259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT RD.
SUITE 118A
SARASOTA, FL 34231 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 () Delete
Name: GARVEY, DOROTHEA
Address: 4686 PINE GREEN TRL.
City-St-Zip: SARASOTA, FL 34241

Title: TD () Delete
Name: OEHS, PAUL
Address: 4627 PINE GREEN TR
City-St-Zip: SARASOTA, FL 34241

Title: SD () Delete
Name: WRIGHT, PEGGY
Address: 4673 PINE GREEN TR
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PALMIERI, FRAN
Address: 4685 PINE GREEN TRL.
City-St-Zip: SARASOTA, FL 34241

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: FRAN PALMIERI

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date