

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007971

FILED
Apr 02, 2009
Secretary of State

Entity Name: HAMMOCK COVE ASSOCIATION, INC.

Current Principal Place of Business:

430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

430 NW LAKE WHITNEY PL
PORT SAINT LUCIE, FL 34986

New Mailing Address:

FEI Number: 65-1067461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSS, EARLE BONAN P.A.
759 S FEDERAL HWY
SUITE 212
STUART, FL 34994 US

Name and Address of New Registered Agent:

BAYSHORE ASSOCIATION MANAGEMENT, INC
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 US

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: BEN INSERRA

04/02/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FORTE, EDWIN
Address: 437 SW SUNDANCE TRAIL
City-St-Zip: PORT ST LUCIE, FL 34953

Title: 1VP () Delete
Name: FEIG, MINDY
Address: 485 SW SUNDANCE TR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: S () Delete
Name: DONASE, JOANN
Address: 522 SW SUNDANCE TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: T () Delete
Name: INSERRA, BEN
Address: 524 SW CYRILLA TR
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: 2VP () Delete
Name: DANCE, RANDY
Address: 476 SUNDANCE TRL
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: 2VP (X) Change () Addition
Name: GILMAN, DENYS
Address: 443 SW SUNDANCE TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: BEN INSERRA

T

04/02/2009

Electronic Signature of Signing Officer or Director

Date