

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007971

FILED
Mar 15, 2012
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:

BAYSHORE ASSOCIATION MANAGEMENT, INC
430 NW LAKE WHITNEY PLACE
PORT SAINT LUCIE, FL 34986 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: P
Name: FORTE, EDWIN
Address: 430 NW LAKE WHITNEY PL
City-St-Zip: PORT ST LUCIE, FL 34986

Title: 1VP
Name: KIKKERT, HELEN
Address: 430 NW LAKE WHITNEY PL
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: S
Name: DONASE, JOANN
Address: 430 NW LAKE WHITNEY PL
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: T
Name: INSERRA, BEN
Address: 430 NW LAKE WHITNEY PL
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: 2VP
Name: BEAUDOINT, ERNIE
Address: 430 NW LAKE WHITNEY PL
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: ROBERT MULLETT

CAM

03/15/2012

Electronic Signature of Signing Officer or Director

Date