

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002283

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** HAMMOCK OAKS RESERVE NEIGHBORHOOD ASSOCIATION, INC.

**Current Principal Place of Business:**

11441 HAMMOCK OAKS CT  
LITHIA, FL 33547

**New Principal Place of Business:**

**Current Mailing Address:**

11441 HAMMOCK OAKS CT  
LITHIA, FL 33547

**New Mailing Address:**

**FEI Number:** 59-3711059

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWBERRY, DAVID  
11441 HAMMOCK OAKS CT  
LITHIA, FL 33547 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  
**Name:** NEWBERRY, DAVID L  
**Address:** 11441 HAMMOCK OAKS CT  
**City-St-Zip:** LITHIA, FL 33547

**Title:** TD  
**Name:** LINDSTROM, RICHARD  
**Address:** 11506 HAMMOCK OAKS CT  
**City-St-Zip:** LITHIA, FL 33547

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:** DAVID L NEWBERRY

PD

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date