

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90061 049 ****61.25

DOCUMENT # N01000003906					
1. Entity Name HAMMER HERITAGE ESTATES HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business PO BOX 291915 DAVIE, FL 33329-1915			Mailing Address PO BOX 291915 DAVIE, FL 33329-1915		
2. Principal Place of Business - No P.O. Box # 5465 SW 59 Ave		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Davie, FL		City & State		4. FEI Number 65-1135814	
Zip 33314		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DINNEEN, TAMMY 5940 SW 55 ST. DAVIE, FL 33314			7. Name and Address of New Registered Agent Name <u>Jo Ann Anderson</u> Street Address (P.O. Box Number is Not Acceptable) 5465 SW 59 Ave City <u>Davie</u> <u>FL</u> <u>33314</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Jo Ann Anderson</u> 3/16/07 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DINNEEN, JOE 5940 SW 55 ST DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marralle, Mike 6000 SW 55 ST. Davie, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DINNEEN, TAMMY 5940 SW 55 ST DAVIE, FL 33314	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Anderson, Jo Ann 5465 SW 59 Ave Davie, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MORTELLARO, DOROTHY 5973 SW 54TH CT DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Mortellaro, Dorothy 5973 SW 54 CT. Davie, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MATT, TINDALL 5483 SW 60 AVE FORT LAUDERDALE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Tindall, Matt 5483 SW 60 Ave Davie, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Jo Ann Anderson</u>			<u>3/16/07</u>		<u>954-562-3945</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

40037120



03162007 Chg-NP CR2E037 (12/06)