2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# N01000008488

Entity Name: HAMMOCK LAKES I & II HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

9769 S DIXIE HWY STE 201
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9769 S DIXIE HWY STE 201
MIAMI, FL 33156

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, BRIAN A
2333 PONCE DE LEON BOULEVARD
SUITE 303
CORAL GABLES, FL 331340000 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: VD ( ) Delete
Name: OGDEN, RICHARD W
Address: 5590 S.W. 92 STREET
City-St-Zip: CORAL GABLES, FL 33156

Title: D ( ) Delete
Name: HICKEY, ED
Address: 9231 SCHOOL HOUSE ROAD
City-St-Zip: CORAL GABLES, FL 33156

Title: D ( ) Delete
Name: BROCKWAY, PAULA
Address: 4835 HAMMOCK LAKE DR.
City-St-Zip: CORAL GABLES, FL 33156

Title: SD ( ) Delete
Name: NEITZEL, JULIE
Address: 5601 HAMMOCK DRIVE
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete
Name: SAGER, BERT
Address: 9000 SCHOOL HOUSE ROAD
City-St-Zip: MIAMI, FL 33156

Title: PD ( ) Delete
Name: FREELAND, JORGE
Address: 8901 LAKE DRIVE COURT
City-St-Zip: CORAL GABLES, FL 33156

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: ( ) 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: RICHARD W OGDEN VD 03/23/2009

Electronic Signature of Signing Officer or Director — Date