

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009761

FILED
Apr 25, 2007
Secretary of State

Entity Name: CORAL HAMMOCK HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

1010 KENNEDY DRIVE
SUITE 305
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

PO BOX 2700
KEY WEST, FL 33045 27

New Mailing Address:

5505 N. ATLANTIC AVE.
SUITE 207
COCOA BEACH, FL 32931

FEI Number: 56-2470932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGHSMITH, ROBERT E
3158 NORTHSIDE DRIVE
KEY WEST, FL 33040 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 () Delete
Name: TELLERD, CRAIG
Address: 896 CORPORATE WAY #440
City-St-Zip: WEST LAKE, OH 44145

Title: D () Delete
Name: FAHEY, BARBARA
Address: 39 CORAL WAY
City-St-Zip: KEY WEST, FL 33040

Title: S () Delete
Name: SCROGGINS, DONNA
Address: 18784 SE JUPITER RIVER DRIVE
City-St-Zip: JUPITER, FL 33458

Title: VP () Delete
Name: BARROSO, JASON
Address: 33 CORAL WAY
City-St-Zip: KEY WEST, FL 33040

Title: T () Delete
Name: SNACHEZ, RALPH
Address: 13 CYPRESS WAY
City-St-Zip: KEY WEST, FL 33040

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: T (X) Change () Addition
Name: SANCHEZ, RALPH
Address: 13 CYPRESS WAY
City-St-Zip: KEY WEST, FL 33040

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: CRAIG TELLERD

P

04/25/2007

Electronic Signature of Signing Officer or Director

Date