

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02367

FILED
Feb 13, 2009
Secretary of State

Entity Name: HAMMOCK PINE VILLAGE III ASSOCIATION, INC.

Current Principal Place of Business:

40347 US 19 N STE 229
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

40347 US 19 N STE 229
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 59-2383657 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RANALLO, JIM
40347 US 19 N STE 229
TARPON SPRINGS, FL 34689 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 () Delete
Name: ENGEL, GEORGE
Address: 1406 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: JAMES, KAREN
Address: 1606 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

Title: VD () Delete
Name: HUSKA, CHARLES
Address: 1503 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: JAMES, KAREN
Address: 1606 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

Title: VD (X) Change () Addition
Name: MINIER, ART
Address: 1303 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

Title: TD () Change (X) Addition
Name: COUSINS, MARIANNE
Address: 1509 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

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: JIM RANALLO, LCAM

Electronic Signature of Signing Officer or Director

AGNT

02/13/2009

Date