


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2005 08:00 AM
Secretary of State

DOCUMENT # N03000004439	
1. Entity Name HEMINGWAY BAY HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 950 6TH STREET SOUTH NAPLES, FL 34102	Mailing Address % PUTNAM MGMT 792 94 AVE N NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



03052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 51-0478678	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent PUTNAM, DAVID 792 94 AVE N NAPLES, FL 34108	DO NOT WRITE IN THIS SPACE
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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.

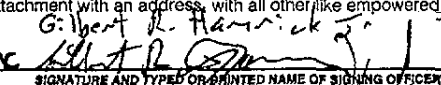
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD JONES III, FALCONER 620 SANDPIPER STREET NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAMRICK, GILBERT R 4378 LEIGHURST DRIVE AKRON, OH 44319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDT WALKINS, ROBERT D 325 A. SHIRLEY STR WINTHROP, MA 02152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  PD	DATE 3-23-05	Daytime Phone # 330-644-7318
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		