


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90213 050 ****61.25

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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PUTNAM, DAVID 792 94 AVE N NAPLES, FL 34108				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <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	VPD	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES III, FALCONER		NAME	FICKETT, WILLIAM	
STREET ADDRESS	620 SANDPIPER STREET		STREET ADDRESS	950 6TH ST. S.	
CITY-ST-ZIP	NAPLES, FL 34102		CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMRICK, GILBERT R		NAME	FICKETT, MAS.	
STREET ADDRESS	4378 LEIGHURST DRIVE		STREET ADDRESS	950 6TH ST. S.	
CITY-ST-ZIP	AKRON, OH 44319		CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	SDT	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALKINS, ROBERT D		NAME	BALLANGER, MICHAEL	
STREET ADDRESS	325 A. SHIRLEY STR		STREET ADDRESS	2201 S. PARKWAY	
CITY-ST-ZIP	WINTHROP, MA 02152		CITY-ST-ZIP	COLUMBUS, OHIO 43221	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	BALLANGER, CORNIE	
STREET ADDRESS			STREET ADDRESS	2201 S. PARKWAY	
CITY-ST-ZIP			CITY-ST-ZIP	COLUMBUS, OHIO 43221	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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>William Fickett</u> (WILLIAM FICKETT)			4/29/06 239-643-0713		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		