


**2607 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90012 024 ****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

40108127



2. Principal Place of Business - No P.O. Box #
950-956 6TH STS.

3. Mailing Address
Suite, Apt. #, etc.

04242007 Chg-NP CR2E037 (12/06)

City & State
NAPLES, FL

City & State

4. FEI Number
51-0478678

Applied For
 Not Applicable

Zip
34102

Country
USA

Zip
8

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

PUTNAM, DAVID
792 94 AVE N
NAPLES, FL 34108

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	FICKET, WILLIAM	
STREET ADDRESS	950 6TH AVE S	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FICKET, MARIE	
STREET ADDRESS	950 6TH STREET S	
CITY-ST-ZIP	NAPLES, FL 34102	
TITLE	T	<input type="checkbox"/> Delete
NAME	BALLANGER, MICHAEL	
STREET ADDRESS	2201 S PKWY	
CITY-ST-ZIP	COLUMBUS, OH 43221	
TITLE	S	<input type="checkbox"/> Delete
NAME	BALLANGER, CONNIE	
STREET ADDRESS	2201 S PKWY	
CITY-ST-ZIP	COLUMBUS, OH 43221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: William Fickett **William Fickett** 4/26/07 617-803-7575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #