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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

2005 JUL 13 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N04000001649

1. Entity Name
HAMMOCK BAY GOLF & COUNTRY CLUB, INC.

Principal Place of Business	Mailing Address
24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134	24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134

01312005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-0752526 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HASTINGS, VIVIEN 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS, FL 34134	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, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEWMAN, RICHARD G JR 24301 WALDEN CENTER DR, STE 300 BONITA SPRINGS, FL 34134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP NEWMAN, RICHARD G. JR. 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SANABRIA, EDWARD 24301 WALDEN CENTER DR, STE 300 BONITA SPRINGS, FL 34134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SANABRIA, EDWARD 24301 WALDEN CENTER DR BONITA SPRINGS, FL 34134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D STEWART, MARION A 24301 WALDEN CENTER DR, STE 300 BONITA SPRINGS, FL 34134	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD KEITH, SYLVIA 24301 WALDEN CENTER DR. BONITA SPRINGS, FL. 34134	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD STEWART, MARION A 24301 WALDEN CENTER DR BONITA SPRINGS, FL. 34134	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Sylvia Keith SYLVIA KEITH 4/1/05 813-642-1454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

7/19 ar