

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2007 8:00 am**  
**Secretary of State**

02-06-2007 90011 045 \*\*\*\*61.25

**DOCUMENT # N04000001649**

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



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

Mailing Address  
**24301 WALDEN CENTER DR  
BONITA SPRINGS, FL 34134**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242007

Chg-NP

CR2E037 (12/06)

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

**HASTINGS, VIVIEN  
24301 WALDEN CENTER DR  
STE 300  
BONITA SPRINGS, FL 34134**

## 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **VP** ☐ Delete  
NAME **NEWMAN, RICHARD G JR**  
STREET ADDRESS **24301 WALDEN CENTER DR, STE 300**  
CITY- ST- ZIP **BONITA SPRINGS, FL 34134**

TITLE **PD** ☐ Delete  
NAME **SANABRIA, EDWARD**  
STREET ADDRESS **24301 WALDEN CENTER DR, STE 300**  
CITY- ST- ZIP **BONITA SPRINGS, FL 34134**

TITLE **S** ☐ Delete  
NAME **SYLVIA, KEITH**  
STREET ADDRESS **24301 WALDEN CENTER DR, STE 300**  
CITY- ST- ZIP **BONITA SPRINGS, FL 34134**

TITLE **TD** ☐ Delete  
NAME **STEWART, MARION A**  
STREET ADDRESS **24301 WALDEN CENTER DR, STE 300**  
CITY- ST- ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VPD** ☒ Change ☐ Addition  
NAME **NEWMAN, RICHARD G., JR.**  
STREET ADDRESS **24301 WALDEN CENTER DR.**  
CITY- ST- ZIP **BONITA SPRINGS, FL 34134**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

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CITY- ST- ZIP

TITLE ☐ Change ☐ 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:**

*Sylvia Keith* **SYLVIA KEITH**

**2/2/07**

**813-642-1451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #