

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000001649

FILED
Jun 26, 2009
Secretary of State

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

Current Principal Place of Business:

24301 WALDEN CENTER DR
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

8409 N MILITARY TRL STE 123
C/O CHERRY, EDGAR & SMITH PA
PALM BEACH GARDENS, FL 33410

New Mailing Address:

24301 WALDEN CENTER DR
BONITA SPRINGS, FL 34134

FEI Number: 20-0752526 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: NEWMAN, RICHARD G JR
Address: 24301 WALDEN CENTER DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD () Delete
Name: SANABRIA, EDWARD
Address: 24301 WALDEN CENTER DR, STE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD () Delete
Name: DVORONZNAK, BRIAN
Address: 24301 WALDEN CENTER DR, STE 300
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: D'ALESSANDRO, ED
Address: 24301 WALDEN CENTER DR
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPD (X) Change () Addition
Name: RADUNZ, ROBERT
Address: 24301 WALDEN CENTER DR, STE 300
City-St-Zip: BONITA SPRINGS, FL 34134

Title: STD (X) Change () Addition
Name: BOYD, CONNIE
Address: 24301 WALDEN CENTER DR, STE 300
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CONNIE BOYD

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06/26/2009

Electronic Signature of Signing Officer or Director

Date