2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002646

FILED Mar 31, 2009 Secretary of State

Entity Name: BORGHESE AT HAMMOCK BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 5067 TAMIAMI TRAIL E 1410 BORGHESE LANE NAPLES, FL 34113 NAPLES, FL 34114 **Current Mailing Address: New Mailing Address:** C/O VOLHR CORPORATION 5067 TAMIAMI TRAIL E 981 NORTH COLLIER BLVD. NAPLES, FL 34113 MARCO ISLAND, FL 34145 FEI Number: 20-1179275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BARBARA NOLAN C/O/ VOLHR CORP BARBARA NOLAN C/O/ VOLHR CORP 606 BALD EAGLE DRIVE SUITE 614 981 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 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: BARBARA NOLAN 03/31/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete SANT, VAN VAN SANT, RICHARD Name: Name: 1466 BRGHESE LANE 101 Address: 1466 BRGHESE LANE 101 Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: NAPLES, FL 34114 Title: () Delete Title: () Change () Addition WICKS, CHERYL Name: Name: Address: 1422 BORGHESE LN #201 Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: Title: () Delete Title: () Change () Addition HUMBERT, JIM Name: Name: 1478 BORGHESE LN #101 Address: Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: MCCANN, GLENN Name: 1438 BORGHESE LN #101 Address: Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip: Title: Title: () Delete () Change () Addition STRAND, DIANE Name: Name: 1430 BORGHESSE LANE 301 Address: Address: City-St-Zip: NAPLES, FL 34114 City-St-Zip:

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: JAMES HUMBERT PRES 03/31/2009