2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 24, 2005 8:00 am
Secretary of State
05-02-2005 90452 004 ****70.00

66023748

DOCUMENT # N04000004845

1. Entity Name
AVERSANA AT HAMMOCK BAY CONDOMINIUM ASSOCIATION, INC.

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

2. Principal Place of Business	3. Mailing Address
5067 TAMIAMI TRAIL E. Suite, Apt. #, etc.	5067 TAMIAMI TRAIL E. Suite, Apt. #, etc.
City & State: NAPLES, FL Zip: 34113 Country: COLLIER	City & State: NAPLES, FL Zip: 34113 Country: COLLIER

04082005 Chg-NP CR2E037 (10/03)

4. FEI Number: 20-1179764 ☐ 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 N 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	Name: BECKER & POLIAKOFF, P.A. C/O E. AUSTIN WHITE Street Address (P.O. Box Number is Not Acceptable): 4501 TAMIAMI TRAIL NORTH, SUITE 214 City: NAPLES FL Zip Code: 34103

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: E. Austin White E. Austin White 4-15-05
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, 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	PD KLINGENSMITH, CRIAG 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT PETER KRAKOWSKI 1060 BORGHESE LN #101 NAPLES, FL 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ERICKSEN, DAVID 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT JAY MILLER 1060 BORGHESE LN #302 NAPLES, FL 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD TIEBOUT-TOURON, MARCIENNE 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER RICK LATOS 1060 BORGHESE LN #1003 NAPLES, FL 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY BARBARA STOVOLD 1060 BORGHESE LN #503 NAPLES, FL 34114	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR MATTHEW LEVINSON 1060 BORGHESE LN #1203 NAPLES, FL 34114	☐ 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: Peter M. Krakowski 4/13/05 – PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #