

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 8:00 am
Secretary of State

04-25-2006 90103 047 ****70.00

DOCUMENT # N04000004845					
1. Entity Name AVERSANA AT HAMMOCK BAY CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 5067 TAMIAMI TRAIL E NAPLES, FL 34113			Mailing Address 5067 TAMIAMI TRAIL E NAPLES, FL 34113		
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 20-1179764	
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		
BECKER E POLIAKOFF, P.A. C/O E AUSTIN WHITE 4501 TAMIAMI TRAIL NORTH, STE 214 NAPLES, FL 34103			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		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	P KRAKOWSKI, PETER 1060 BORGHESE LN, # 101 NAPLES, FL 34114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steven Marks 1060 Borghese Lane, # 203 Naples, FL 34114	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, JAY 1060 BURGHESE LN, # 302 NAPLES, FL 34114	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Louise Nanashko 1060 Borghese Lane, # 1502 Naples, FL 34114	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LATOS, RICK 1060 BORGHESE LN, # 1003 NAPLES, FL 34114	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STOVOLD, BARBARA 1060 BROGHESE LN, #503 NAPLES, FL 34114	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINSON, MATTHEW 1060 BORGHESE LN, #1803 NAPLES, FL 34114	☐ 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 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: _____			4/20/06 (239) 774-0723		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		