
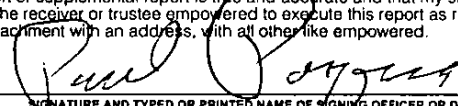


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90083 050 \*\*\*\*61.25

<b>DOCUMENT # N04000004845</b>						
<b>1. Entity Name</b> AVERSANA AT HAMMOCK BAY CONDOMINIUM ASSOCIATION, INC.						
<b>Principal Place of Business</b> 5067 TAMAMI TRAIL E NAPLES, FL 34113			<b>Mailing Address</b> 5067 TAMAMI TRAIL E NAPLES, FL 34113			
<b>2. Principal Place of Business - No P.O. Box #</b> 1060 BORGHESE LN Suite, Apt. #, etc. OFC 100		<b>3. Mailing Address</b> 1060 BORGHESE LN Suite, Apt. #, etc. OFC 100		04132007    Chg-NP    CR2E037 (12/06)		
<b>City &amp; State</b> NAPLES FLORIDA		<b>City &amp; State</b> NAPLES FLORIDA		<b>4. FEI Number</b> 20-1179764		
<b>Zip</b> 34114		<b>Country</b> 34114		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> BECKER & POLIAKOFF, P.A. C/O GREGORY W. MARLER, ESQ. 4501 TAMAMI TRAIL NORTH, STE 214 NAPLES, FL 34103				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>		
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P <b>NAME</b> KRAKOWSKI, PETER <b>STREET ADDRESS</b> 1060 BORGHESE LN, # 101 <b>CITY-ST-ZIP</b> NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> P <b>NAME</b> PAUL PASQUA <b>STREET ADDRESS</b> 1060 BORGHESE LN APT 1004 <b>CITY-ST-ZIP</b> NAPLES FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> MARKS, STEVEN <b>STREET ADDRESS</b> 1060 BORGHESE LN #203 <b>CITY-ST-ZIP</b> NAPLES, FL 34114	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> LATOS, RICK <b>STREET ADDRESS</b> 1060 BORGHESE LN, # 1003 <b>CITY-ST-ZIP</b> NAPLES, FL 34114	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> NANASHKO, LOUISE <b>STREET ADDRESS</b> 1060 BORGHESE LN #1502 <b>CITY-ST-ZIP</b> NAPLES, FL 34114	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> LEVINSON, MATTHEW <b>STREET ADDRESS</b> 1060 BORGHESE LN, #1803 <b>CITY-ST-ZIP</b> NAPLES, FL 34114	<input checked="" type="checkbox"/> Delete			<b>TITLE</b> S <b>NAME</b> BARBARA STOVOLD <b>STREET ADDRESS</b> 1060 BORGHESE LN APT 503 <b>CITY-ST-ZIP</b> NAPLES FL 34114	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete			<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>						
<b>SIGNATURE:</b> 				4/12/07    239 3944430		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date    Daytime Phone #</small>		