

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90064 031 ****61.25

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



Principal Place of Business

**1060 BORGHESE LN
OFC 100
NAPLES, FL 34114**

Mailing Address

**1060 BORGHESE LN
OFC 100
NAPLES, FL 34114**

40000



01082008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

**BECKER & POLIAKOFF, P.A.
C/O GREGORY W. MARLER, ESQ.
4501 TAMiami TRAIL NORTH, STE 214
NAPLES, FL 34103**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PASAU, PAUL
1060 BORGHESE LN APT 1004
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARKS, STEVEN
1060 BORGHESE LN #203
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LATOS, RICK
1060 BORGHESE LN, # 1003
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
NANASHKO, LOUISE
1060 BORGHESE LN #1502
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
STOVOLD, BARBARA
1060 BORGHESE LN APT 503
NAPLES, FL 34114**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/9/08

Date

239 394 4438

Daytime Phone #