

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004845

FILED
Jun 01, 2009
Secretary of State

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

Current Principal Place of Business:

1060 BORGHESE LN
OFC 100
NAPLES, FL 34114

New Principal Place of Business:

Current Mailing Address:

1060 BORGHESE LN
OFC 100
NAPLES, FL 34114

New Mailing Address:

FEI Number: 20-1179764 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
999 VANDERBILT BEACH ROAD
SUITE 501
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PASAUA, PAUL
Address: 1060 BORGHESE LN APT 1004
City-St-Zip: NAPLES, FL 34114

Title: D () Delete
Name: MARKS, STEVEN
Address: 1060 BORGHESE LN #203
City-St-Zip: NAPLES, FL 34114

Title: T () Delete
Name: LATOS, RICK
Address: 1060 BORGHESE LN, # 1003
City-St-Zip: NAPLES, FL 34114

Title: V () Delete
Name: NANASHKO, LOUISE
Address: 1060 BORGHESE LN #1502
City-St-Zip: NAPLES, FL 34114

Title: S () Delete
Name: STOVOLD, BARBARA
Address: 1060 BORGHESE LN APT 503
City-St-Zip: NAPLES, FL 34114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PAUTVEIN, DICK
Address: 5742 GALLERY CT.
City-St-Zip: W. DES MOINES, IA 50266

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WALTER, ANTHONY
Address: 1060 BORGHESE LN #2006
City-St-Zip: NAPLES, FL 34114

Title: () Change () Addition
Name:
Address:
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 R. ERB

MGR.

06/01/2009

Electronic Signature of Signing Officer or Director

Date