2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004872

Address:

City-St-Zip:

FILED Mar 02, 2007 Secretary of State

Entity Name: HAMMOCKS AT RIVIERA DUNES ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 **Current Mailing Address: New Mailing Address:** 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 20-4194389 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W SR 434 STE 500 LONGWOOD, FL 327795044 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition FIELDS, DAVID KELLEY, BETH Name: Name: 2100 CONSTITUTION BLVD. Address: 1203 3RD ST CIR E Address: City-St-Zip: SARASOTA FL 34231 City-St-Zip: PALMETTO, FL 34221 Title: VD () Delete Title: VPD (X) Change () Addition ANDERSON, BRIAN Name: BIBBEE, BOB Name: Address: 2100 CONSTITUTION BLVD. Address: 1201 3RD ST CIR E City-St-Zip: SARASOTA, FL 34231 City-St-Zip: PALMETTO, FL 34221 Title: () Delete Title: SD (X) Change () Addition SVENSON, LINDA SHELDEN, H JAY Name: Name: 2100 CONSTITUTION BLVD. 220 YACHT HARBOR DR Address: Address: City-St-Zip: SARASOTA, FL 34231 City-St-Zip: OSPREY, FL 34229 () Delete Title: Title: TD () Change (X) Addition Name: Name: SMITH, CHRISTOPHER Address: Address: 1406 3RD ST CIR E City-St-Zip: City-St-Zip: PALMETTO, FL 34221 Title: () Delete Title: () Change (X) Addition SENSEMAN, MICHELLE Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

1307 3RD ST CIR E

PALMETTO, FL 34221

SIGNATURE: BETH KELLEY PD 03/02/2007