2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N04000004872

Entity Name: HAMMOCKS AT RIVIERA DUNES ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-4194389 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 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: SD ( ) Delete
Name: WILSON, PATRICIA
Address: 7 BROOKSIDE TER
City-St-Zip: CEDAR GROVE, NJ 07009

Title: TD ( ) Delete
Name: PARRETT, MARY
Address: 1305 3RD ST CIR E
City-St-Zip: PALMETTO, FL 34221

Title: PD ( ) Delete
Name: SHELDEN, H JAY
Address: 1518 3RD ST CIR E
City-St-Zip: PALMETTO, FL 34221

Title: D ( ) Delete
Name: GARRITY, MARTIN
Address: 1602 3RD ST CIR E
City-St-Zip: PALMETTO, FL 34221

Title: VPD ( ) Delete
Name: SENSEMAN, MICHELLE
Address: 1307 3RD ST CIR E
City-St-Zip: PALMETTO, FL 34221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: VPD (X) Change ( ) Addition
Name: BARBER, RICHARD
Address: 1232 3RD ST CIR E
City-St-Zip: PALMETTO, FL 34221

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: H JAY SHELDEN PD 04/09/2009

Electronic Signature of Signing Officer or Director — Date