

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004872

FILED
Mar 23, 2012
Secretary of State

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: PD
Name: WILSON, PATRICIA
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: VPD
Name: BOLAND, JANE
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: SD
Name: GAMBLING, WENDY
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: TD
Name: GARRITY, MARTIN
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

Title: D
Name: ALVEY, JUDINE
Address: 2180 WEST SR 434 STE 5000
City-St-Zip: LONGWOOD, FL 32779

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA WILSON

PD

03/23/2012

Electronic Signature of Signing Officer or Director

Date