## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04178

Address:

City-St-Zip:

7204 OAK MOSS DR.

SARASOTA, FL 34241

FILED Mar 26, 2009 Secretary of State

Entity Name: THE HAMMOCKS CONDOMINIUM ASSOCIATION, SECTION IV, INC.

**Current Principal Place of Business: New Principal Place of Business:** 16 CHURCH STREET OSPREY, FL 34229 LIS **Current Mailing Address: New Mailing Address:** 16 CHURCH ST OSPREY, FL 34229 US FEI Number: 59-2506983 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: SENGER, LAWRENCE ELLIS, ROD 7221 OAK MOSS DR 7340 ÓAK MOSS DR SARASOTA, FL 34241 US SARASOTA, FL 34241 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: ROD ELLIS 03/26/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition SENGER, LAWRENCE ELLIS, ROD Name: Name: 7221 OAK MOSS DR Address: 7340 OAK MOSS DR Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 Title: ( ) Delete Title: (X) Change ( ) Addition ANDERSON, ROBERT Name: ELDERKIN, JACKIE Name: Address: 7255 OAK MOSS DR. Address: 7325 OAK MOSS DR. City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 Title: ASD () Delete Title: (X) Change ( ) Addition AS LLOYD, KEITH J LLOYD, KEITH J Name: Name: 16 CHURCH ST Address: 16 CHURCH ST Address: City-St-Zip: OSPREY, FL City-St-Zip: OSPREY, FL Title: ( ) Delete Title: D (X) Change ( ) Addition Name: ELLIS, ROD Name: MALTZ, SCOTTIE 7340 OAK MOSS DR Address: Address: 7477 OAK MOSS DR City-St-Zip: SARASOTA, FL 34241 City-St-Zip: SARASOTA, FL 34241 Title: () Delete Title: () Change () Addition WILLARD, DICK Name: Name: 7243 OAK MOSS DR. Address: Address: City-St-Zip: SARASOTA, FL 34241 City-St-Zip: Title: () Delete Title: () Change () Addition CAMPBELL, LARRY Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: KYANNE MERRILL MNGR 03/26/2009