

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N05000009762

1. Entity Name

RIVER HAMMOCK HOMEOWNERS' ASSOCIATION, INC.



FILED

06 SEP 15 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09/14/06 90002 012 \$61.25

2nd MOORE CR2E037 (4/06)

Principal Place of Business	Mailing Address	
393 TEQUESTA DRIVE TEQUESTA FL 33469	393 TEQUESTA DRIVE TEQUESTA FL 33469	

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

City & State	City & State		
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
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ARMOUR, ALAN I II
1645 PALM BEACH LAKES BOULEVARD
SUITE 1700
WEST PALM BEACH FL 33401

Name	Mark Eble	Applied For
Street Address (P.O. Box Number is Not Acceptable)	393 Tequesta Dr	Not Applicable
City	Tequesta	FL
		Zip Code 33469

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9.06.06

FILE NOW! FEE IS \$61.25
Due By September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EBLE, MARK 393 TEQUESTA DRIVE TEQUESTA FL 33469	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOMEZ, ROBERT 18028 VIA RIO ROAD JUPITER FL 33458	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, if with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9.06.06 (561)
762.2112