


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N05661 1. Entity Name HAMMOCK DE GALVEZ HOMEOWNER'S ASSOCIATION, INC.	
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Principal Place of Business C/O JOY KISER 6349 HAMMOCK TRACE MILTON, FL 32583 US	Mailing Address C/O JOY KISER 6349 HAMMOCK TRACE MILTON, FL 32583 US
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04162007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2891945	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KISER, JOY I 6349 HAMMOCK TRACE MILTON, FL 32583	DO NOT WRITE IN THIS SPACE
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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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RATLIFF, STEVE 1717 ST. MARY'S BAY MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DUNHAM, JOEL 1700 HERMOSA CIRCLE MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BUSBEE, LARRY 1401 HERMOSA CIRCLE MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KISER, JOY 6349 HAMMOCK TRACE MILTON, FL 32583
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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05/03/07-80010-011-61.25

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, with all other like empowered.

SIGNATURE: Joy Kiser Joy Kiser **4-18-07** **858-626-7148**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #