

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05661

FILED
Jul 23, 2009
Secretary of State

Entity Name: HAMMOCK DE GALVEZ HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O JOY KISER
6349 HAMMOCK TRACE
MILTON, FL 32583 US

New Principal Place of Business:

C/O ELLEN THRASHER
6357 HAMMOCK TRACE
MILTON, FL 32583 US

Current Mailing Address:

C/O JOY KISER
6349 HAMMOCK TRACE
MILTON, FL 32583 US

New Mailing Address:

C/O ELLEN THRASHER
6357 HAMMOCK TRACE
MILTON, FL 32583 US

FEI Number: 59-2891945 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KISER, JOY I
6349 HAMMOCK TRACE
MILTON, FL 32583 US

Name and Address of New Registered Agent:

THRASHER, ELLEN I
6357 HAMMOCK TRACE
MILTON, FL 32583 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: ELLEN THRASHER

07/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RATLIFF, STEVE
Address: 1717 ST. MARY'S BAY
City-St-Zip: MILTON, FL 32583

Title: VD () Delete
Name: DUNHAM, JOEL
Address: 1700 HERMOSA CIRCLE
City-St-Zip: MILTON, FL 32583

Title: SD () Delete
Name: BUSBEE, LARRY
Address: 1401 HERMOSA CIRCLE
City-St-Zip: MILTON, FL 32583

Title: TD () Delete
Name: KISER, JOY
Address: 6349 HAMMOCK TRACE
City-St-Zip: MILTON, FL 32583

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KELLY, CHRIS
Address: 6373 HAMMOCK TRACE
City-St-Zip: MILTON, FL 32583

Title: VD (X) Change () Addition
Name: SPOONER, RICK
Address: 6463 HAMMOCK TRACE
City-St-Zip: MILTON, FL 32583

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

Title: TD (X) Change () Addition
Name: THRASHER, ELLEN
Address: 6357 HAMMOCK TRACE
City-St-Zip: MILTON, FL 32583

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: ELLEN THRASHER

TREA

07/23/2009

Electronic Signature of Signing Officer or Director

Date