

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004745

FILED
Apr 01, 2009
Secretary of State

Entity Name: NATURE'S HAMMOCK PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5409 COTEE RIVER DR
NEW PT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

5409 COTEE RIVER DR
NEW PT RICHEY, FL 34652

New Mailing Address:

FEI Number: 56-2588520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWARTSEL, MARK E
5409 COTEE RIVER DR
NEW PT RICHEY, FL 34652 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: D () Delete
Name: SWARTSEL, MARK
Address: 5409 COTEE RIVER DR
City-St-Zip: NEW PT RICHEY, FL 34652

Title: D () Delete
Name: WRIGHT, WILLIAM G
Address: 672 SOUNDVIEW DR
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: BRADLEY, THOMAS
Address: 5012 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: D () Delete
Name: ODOM, JASON
Address: 11506 JOSHUA'S BEND DR
City-St-Zip: TAMPA, FL 33612

Title: D () Delete
Name: FREDERICK, THOMAS
Address: 10705 LAKE ALICE COVE
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MARK E. SWARTSEL

D

04/01/2009

Electronic Signature of Signing Officer or Director

Date