

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90010 002 ****61.25

DOCUMENT # N06000007621

1. Entity Name
OLD HAMMOCK COVE MASTER ASSOCIATION, INC.



Principal Place of Business
**250 SOUTH CENTRAL BLVD.
SUITE 207
JUPITER, FL 33458**

Mailing Address
**250 SOUTH CENTRAL BLVD.
SUITE 207
JUPITER, FL 33458**

2. Principal Place of Business - No P.O. Box #
601 Heritage Drive
Suite, Apt. #, etc.
113

3. Mailing Address
601 Heritage Drive
Suite, Apt. #, etc.
113

City & State
Jupiter FL

City & State
Jupiter FL

Zip
33458

Country
USA

Zip
33458

Country
USA

03192008 Chg-NP CR2E037 (12/06)

4. FEI Number
20-8349613

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CHIUMENTO & ASSOCIATES, P.A.
4 OLD KINGS ROAD NORTH STE B
PALM COAST, FL 32137**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

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

(NOTE: Registered Agent signature required when reinstating)

3/20/08

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BELLINGER, RICHARD	
STREET ADDRESS	250 SOUTH CENTRAL BLVD. #207	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABONTE, CHAD	
STREET ADDRESS	250 S CENTREAL BLVD STE 207	
CITY-ST-ZIP	JUPITER, FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	601 Heritage Drive, Ste 113	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roland Labonte	
STREET ADDRESS	601 Heritage Drive, Ste 113	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Radtke	
STREET ADDRESS	601 Heritage Drive, Ste 113	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/08

Date

561.214.8123

Daytime Phone #