

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002779

FILED  
May 01, 2008  
Secretary of State

**Entity Name:** HAMMOCK FALLS PROFESSIONAL VILLAGE ASSOCIATION, INC.

**Current Principal Place of Business:**

2824 BRIARWOOD LN  
SEBRING, FL 33875

**New Principal Place of Business:**

**Current Mailing Address:**

2824 BRIARWOOD LN  
SEBRING, FL 33875

**New Mailing Address:**

**FEI Number:** 20-8605244      **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:**

REED, ROBIN A  
4800 HAW BRANCH RD  
SEBRING, FL 33875      US

**Name and Address of New Registered Agent:**

REED, ROBIN A  
2824 BRIARWOOD LN  
SEBRING, FL 33875      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: RAREED

05/01/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: REED, ROBIN A  
Address: 2824 BRIARWOOD LN  
City-St-Zip: SEBRING, FL 33875

Title: VPS      ( ) Delete  
Name: REED, KIMBERLY B  
Address: 2824 BRIARWOOD LN  
City-St-Zip: SEBRING, FL 33875

Title: VPT      ( ) Delete  
Name: REED, JENNIFER  
Address: 2824 BRIARWOOD LN  
City-St-Zip: SEBRING, FL 33875

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP      (X) Change ( ) Addition  
Name: REED, ROBIN A  
Address: 2824 BRIARWOOD LN  
City-St-Zip: SEBRING, FL 33875

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: RAREED

DP

05/01/2008

Electronic Signature of Signing Officer or Director

Date