

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002779

FILED  
Mar 07, 2011  
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:**

1 HAMMOCK FALLS CIR  
SEBRING, FL 33872

**Current Mailing Address:**

2824 BRIARWOOD LN  
SEBRING, FL 33875

**New Mailing Address:**

1 HAMMOCK FALLS CIR  
SEBRING, FL 33872

FEI Number: 20-8605244

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

REED, ROBIN A  
2824 BRIARWOOD LN  
SEBRING, FL 33875 US

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

REED, ROBIN A  
5216 HAW BRANCH RD  
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

03/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: REED, ROBIN A  
Address: 1 HAMMOCK FALLS CIR  
City-St-Zip: SEBRING, FL 33872

Title: VPD  
Name: REED, KIMBERLY B  
Address: 1 HAMMOCK FALLS CIR  
City-St-Zip: SEBRING, FL 33872

Title: TSD  
Name: REED, JENNIFER B  
Address: 5216 HAW BRANCH RD  
City-St-Zip: SEBRING, FL 33875

I hereby 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 all other like empowered.

SIGNATURE: RAREED

PD

03/07/2011

Electronic Signature of Signing Officer or Director

Date