

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11202

FILED
Apr 28, 2008
Secretary of State

Entity Name: HAMMOCK PINE VILLAGE IV ASSOCIATION, INC.

Current Principal Place of Business:

28100 US HIGHWAY 19 NORTH
SUITE 305
CLEARWATER, FL 33761 US

New Principal Place of Business:

Current Mailing Address:

28100 US HIGHWAY 19 NORTH
SUITE 305
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 59-2674404

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESOURCE PROP. MGMT
28100 US HIGHWAY 19 NORTH, SUITE 305
CLEARWATER, FL 33761 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: PD () Delete
Name: FABBI, ROBERT
Address: 2502 HAMMOCK CT
City-St-Zip: CLEARWATER, FL 33761

Title: VPD () Delete
Name: AZZARELLO, ALICE
Address: 2714 HAMMOCK COURT
City-St-Zip: CLEARWATER, FL 33761

Title: SD () Delete
Name: BROOKS, MAUREEN
Address: 312 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

Title: TD () Delete
Name: MCCABE, STEPHEN
Address: 406 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

Title: D () Delete
Name: ROHR, AUDREY
Address: 202 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: BUGUSKY, STANLEY
Address: 409 HAMMOCK COURT
City-St-Zip: CLEARWATER, FL 33761

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

Title: TD (X) Change () Addition
Name: O'HARA, JAMES
Address: 311 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

Title: D (X) Change () Addition
Name: SPAIN, RON
Address: 2701 HAMMOCK PINE BLVD
City-St-Zip: CLEARWATER, FL 33761

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: ROBERT FABBI

PD

04/28/2008

Electronic Signature of Signing Officer or Director

Date