2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# N13620

Entity Name: THE HAMMOCK OF BAYSHORE, PHASE II, HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5501 INTERBAY BLVD
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

5501 INTERBAY BLVD
TAMPA, FL 33611 US

New Mailing Address:

FEI Number: 59-2824998 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RADCLIFFE, JAN
5501 INTERBAY BLVD
TAMPA, FL 33611 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: TSD ( ) Delete
Name: RADCLIFFE, JAN
Address: 5501 INTERBAY BLVD
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete
Name: KOWALSKI, JANE
Address: 5507 INTERBAY BLVD
City-St-Zip: TAMPA, FL 33611

Title: PD ( ) Delete
Name: PEARL, TONY
Address: 5511 INTERBAY BLVD
City-St-Zip: TAMPA, FL 33611

Title: D ( ) Delete
Name: MELO, ED
Address: 5513 INTERBAY BLVD
City-St-Zip: TAMPA, FL 33611

Title: VD ( ) Delete
Name: KLINGLER, PETE
Address: 2614 LYKES CT
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: PEARL, TONY
Address: 5511 INTERBAY BLVD
City-St-Zip: TAMPA, FL 33611

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

Title: PD (X) Change ( ) Addition
Name: KLINGLER, PETE
Address: 2614 LYKES CT
City-St-Zip: TAMPA, FL 33611

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: JAN RADCLIFFE TSD 03/17/2009

Electronic Signature of Signing Officer or Director — Date