

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14294

FILED  
Mar 21, 2005  
Secretary of State

**Entity Name:** BAY HAMMOCK OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

10 FLAMINGO HAMMOCK RD  
ISLAMORADA, FL 33036

**New Principal Place of Business:**

**Current Mailing Address:**

10 FLAMINGO HAMMOCK RD  
ISLAMORADA, FL 33036

**New Mailing Address:**

**FEI Number:** 59-2720630

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RYAN, CHRISTEL C  
10 FLAMINGO HAMMOCK ROAD  
ISLAMORADA, FL 33036 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: P ( ) Delete  
Name: RYAN, DENNIS  
Address: 10 FLAMINGO HAMMOCK ROAD  
City-St-Zip: ISLAMORADA, FL 33036

Title: V ( ) Delete  
Name: NESS, ERNIE  
Address: 82 CIDER HILL  
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: S ( ) Delete  
Name: NESS, KAREN  
Address: 82 CIDER HILL  
City-St-Zip: UPPER SADDLE RIVER, NJ 07458

Title: T ( ) Delete  
Name: RYAN, CHRISTEL C  
Address: 10 FLAMINGO HAMMOCK RD  
City-St-Zip: ISLAMORADA, FL 33036

Title: D ( ) Delete  
Name: MOELLER, RICK  
Address: 6 IRONWOOD LANE  
City-St-Zip: ISLAMORADA, FL 33036

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

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

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

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 for the exemption stated in Section 119.07(3)(i), 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: CHRISTEL RYAN

T

03/21/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date