

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17337

FILED
Apr 26, 2007
Secretary of State

Entity Name: THE HAMMOCK ASSOCIATION I, INC. (BREVARD)

Current Principal Place of Business:

240 HAMMOCK SHORE DR
MELBOURNE BEACH, FL 32951

New Principal Place of Business:

Current Mailing Address:

2681 LONGWOOD BLVD
MELBOURNE, FL 32951

New Mailing Address:

FEI Number: 65-0230142

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHIDESTER, IRENE
240 HAMMOCK SHORE DR., #206
MELBOURNE BCH, FL 32951 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: HOPPER, ARTHUR
Address: 240 HAMMOCK SHORE DR. #109
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: ST () Delete
Name: HANAWALT, JOHN
Address: 240 HAMMOCK SHORE DR #204
City-St-Zip: MELBOURNE BCH, FL 32951

Title: VP () Delete
Name: WERNER, WILLIAM
Address: 240 HAMMOCK SHORE DR #101
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: AS () Delete
Name: CHIDESTER, IRENE
Address: 240 HAMMOCK SHORE DR #206
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: KITCHEN, THOMAS
Address: PO BOX 183
City-St-Zip: LAPORTE,, PA 18626

Title: () Delete
Name:
Address:
City-St-Zip:

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:

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

Title: D () Change (X) Addition
Name: O'BRIAN, PAM
Address: 240 HAMMOCK SHORE DR #203
City-St-Zip: MELBOURNE BEACH, FL 32951

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: ARTHUR HOPPER

P

04/26/2007

Electronic Signature of Signing Officer or Director

Date