2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # NOOCE



FILED Mar 17, 2006 8:00 am Secretary of State

DOCUMENT # N22365 1. Entity Name EAST HAMMOCK VILLAGE HOMEOWNERS ASSOCIATION, INC.						0.	3-17-2006 9	90117 03	32 ****61.2	25	
Principal Place 12600 N.W. I PALM CITY, F	HARBOUR R		Mailing Address 12600 N.W. HAR PALM CITY, FL 3	. HARBOUR RIDGE BLVD		; 					
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02102006	Chg-NP	CR2E	037 (11/05)		
City & State			City & State			4. FEI Number 59-28455	05			oplied For ot Applicable	
Zip		Country	Zip	Co	ountry	5. Certificate of S	-	. 🗆	\$8.75 Add Fee Required		
	6. Name	and Address of Current	Registered Agent		1	7 Name and Ad	dress of New I	Registered	Agent .		
CORNETT CORENET 401 E. OS		Name Street Ad		dress (P.O. Box Number is	ss (P.O. Box Number is Not Acceptable)						
STUART, F	FL 34994				City			F	Zip Code	<u></u> е	
					1						
	named entitions of regist		or the purpose of chang	ging its registe	ered office or r	registered agent, or both, i	n the State of Fl	lorida. I an	n familiar with,	and accept	
		.o.oo ago						•			
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: Register	red Agent signature	e required when reinstating)		DATE			
	Filing Fe		9. Electi	(NOTE: Register ion Campaign Fund Contribu	Financing	e required when reinstating) \$5.00 May Be Added to Fees		Make che	ck payable to		
	Filing Fe	or printed name of registered agent	9. Electi Trust	ion Campaign	Financing ution.	\$5.00 May Be	Flo	Make cheorida Depa	ck payable to artment of St	tate	
SIGNATURE - 10. TITLE NAME STREET ADDRESS	DP KARP, PA	or printed name of registered agent ree is \$61.25 May 1, 2006 OFFICERS AND DI AUL ICEWOOD TERRACE	9. Electi Trust	ion Campaign Fund Contribu 11 It NAI STE	Financing ution.	\$5.00 May Be Added to Fees	Flo	Make cheorida Depa	ck payable to artment of St	tate	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report as supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE:

TITLE

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition