

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28272

FILED  
Mar 03, 2009  
Secretary of State

**Entity Name:** THE HAMMOCKS OF SUGARMILL WOODS HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

10 BRYSONIA COURT S  
HOMOSASSA, FL 34446 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1760  
HOMOSASSA SPRINGS, FL 34447 US

**New Mailing Address:**

**FEI Number:** 65-0118916      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HADSELL, LEANNE  
13 DOGWOOD DRIVE  
HOMOSASSA, FL 34446 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: D ( ) Delete  
Name: ZEBROWSKI, BERNARD  
Address: 29 W BYRSONIMA LP  
City-St-Zip: HOMOSASSA, FL 34446

Title: P ( ) Delete  
Name: CONNERY, BILL  
Address: 38 BRYSONIMA CT. S  
City-St-Zip: HOMOSASSA, FL 34446

Title: V ( ) Delete  
Name: CORBIN, JACK  
Address: 25 BYRSONIMA LOOP W  
City-St-Zip: HOMOSASSA, FL 34446

Title: S ( ) Delete  
Name: ERICKSON, SUZANNE  
Address: 2 BYRSONIMA LOOP W  
City-St-Zip: HOMOSASSA, FL 34446

Title: T ( ) Delete  
Name: WELSTON, MARILYN  
Address: 45 BYRSONIMA LOOP W  
City-St-Zip: HOMOSASSA, FL 34446

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

Title: D (X) Change ( ) Addition  
Name: WIONCEK, SANDRA  
Address: 44 W BYRSONIMA LOOP  
City-St-Zip: HOMOSASSA, FL 34446

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: T (X) Change ( ) Addition  
Name: WALSTON, MARILYN  
Address: 45 BYRSONIMA LOOP W  
City-St-Zip: HOMOSASSA, FL 34446

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: LEANNE HADSELL, MG AGENT

AGEN

03/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date