

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 03, 2009
Secretary of State**

DOCUMENT# N35148

Entity Name: WALKING HORSE HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

720 35TH AVE SW
VERO BEACH, FL 32968 US

New Principal Place of Business:

Current Mailing Address:

720 35TH AVE SW
VERO BEACH, FL 32968 US

New Mailing Address:

FEI Number: 65-0173597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SEAGRAVE, DEBORAH L
720 35TH AVENUE SW
VERO BEACH, FL 32968 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: DT () Delete
Name: SEAGRAVE, DEBORAH L
Address: 720 35TH AVENUE SW
City-St-Zip: VERO BEACH, FL 32968

Title: DS () Delete
Name: HOLLAND - O'DONNELL, PAT
Address: 515 35TH AVENUE SW
City-St-Zip: VERO BEACH, FL 32968

Title: DP () Delete
Name: GORDON, KEITH
Address: 505 35TH AVENUE SW
City-St-Zip: VERO BEACH, FL 32968

Title: DVP () Delete
Name: MONAGHAN, TRACY
Address: 705 35TH AVE SW
City-St-Zip: VERO BEACH, FL 32968

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 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: DEBORAH L SEAGRAVE

DT

02/03/2009

Electronic Signature of Signing Officer or Director

Date