2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# N37548

Entity Name: COLEE HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1626 SE 1ST STREET
FORT LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2423
FORT LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 65-0188810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLE, ROBERT D
1629 SE 2ND COURT
FORT LAUDERDALE, FL 33301 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: PD
Name: JACKIE, SCOTT
Address: 1626 SE 1ST STREET
City-St-Zip: FT LAUDERDALE, FL 33301

Title: VPD
Name: SHUMPERT, ANN
Address: 1620 SE 4TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: SD
Name: TAYLOR, MOLLY
Address: 1620 SE 2ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: TD
Name: COLE, ROBERT D
Address: 1629 SE 2ND COURT
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D
Name: CAPP, GAIL
Address: 1719 E LAS OLAS BLVD STE 10
City-St-Zip: FORT LAUDERDALE, FL 33301

Title: D
Name: LIVEK, ROBIN
Address: 1519 SE 2ND STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: ROBERT D COLE TD 01/06/2012

Electronic Signature of Signing Officer or Director Date