

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37706

FILED
Feb 14, 2009
Secretary of State

Entity Name: HAMMOCK ESTATES HOMEOWNERS' ASSOCIATION, OF BREVARD, INC.

Current Principal Place of Business:

1885 HAMMOCK ESTATES LA
MELBOURNE, FL 32934

New Principal Place of Business:

1885 HAMMOCK ESTATES LANE
MELBOURNE, FL 32934

Current Mailing Address:

1885 HAMMOCK ESTATES LA
MELBOURNE, FL 32934

New Mailing Address:

1885 HAMMOCK ESTATES LANE
MELBOURNE, FL 32934

FEI Number: 59-3011932

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KASTING, LEONA M
1885 HAMMOCK ESTATES LA
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

KASTING, LEONA M
1885 HAMMOCK ESTATES LANE
MELBOURNE, FL 32934 US

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: _____

02/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: OVERCASH, TIMOTHY
Address: 1840 SABAL PALM DR
City-St-Zip: MELBOURNE, FL 32934

Title: VD () Delete
Name: BENSKIN, JOHN
Address: 1822 SABAL PALM DR
City-St-Zip: MELBOURNE, FL 32934

Title: SD () Delete
Name: KAWA, SUSAN
Address: 1824 SABAL PALM DR
City-St-Zip: MELBOURNE, FL 32934

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

Title: TD () Delete
Name: KASTING, LEONA M
Address: 1885 HAMMOCK ESTATES LA
City-St-Zip: MELBOURNE, FL 32934

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:

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: TIMOTHY OVERCASH

PD

02/14/2009

Electronic Signature of Signing Officer or Director

Date