

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37706

**FILED**  
**Jan 22, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1885 HAMMOCK ESTATES LANE  
MELBOURNE, FL 32934

**New Principal Place of Business:**

1838 HAMMOCK ESTATES LANE  
MELBOURNE, FL 32934

**Current Mailing Address:**

1885 HAMMOCK ESTATES LANE  
MELBOURNE, FL 32934

**New Mailing Address:**

1825 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:**

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

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

DOMINICIS, FERNANDO M TD  
1825 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: FERNANDO DOMINICIS

01/22/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: MILLER, JEFF PD  
Address: 1838 SABAL PALM DR  
City-St-Zip: MELBOURNE, FL 32934

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

Title: TD  
Name: DOMINICIS, FERNANDO TD  
Address: 1825 SABAL PALM DR  
City-St-Zip: MELBOURNE, FL 32934

Title: X  
Name: X, X X  
Address: X  
City-St-Zip: X, X X

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: FERNANDO DOMINICIS

TD

01/22/2010

Electronic Signature of Signing Officer or Director

Date