

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 26, 2004 8:00 am
Secretary of State

03-26-2004 90029 040 ****61.25

DOCUMENT # N41707



1. Entity Name
HUMMINGBIRD HAMMOCK CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business
PEPPERTREE DR
FT. MYERS, FL 33908 US

Mailing Address
C/O PEPITONE REALTY MGMT SVCS CORP
13451 MCGREGOR BLVD, SUITE 32
FORT MYERS, FL 33919 US

66430630



2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0311980		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

07022004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PEPITONE REALTY MGMT SVCS CORP 13451 MCGREGOR BLVD SUITE 32 FORT MYERS, FL 33919				Name <u>KEN HAYDEN</u>			
				Street Address (P.O. Box Numbers Not Acceptable) <u>21301 S. TAMMAMI TRL # 320</u>			
				<u>PMB 335</u>			
				City <u>ESTERO</u>		FL Zip Code <u>33928</u>	

3. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE _____
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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0. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LISOLA, MARY LOU 5450 PEPPERTREE DR FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LISOLA, MARY LOU (NAME CORRECTION ONLY) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWEENEY, LINDA 5470 PEPPERTREE DR FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINION, PAMELA 5412 PEPPERTREE DR FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINNION, PAMELA (NAME CORRECTION ONLY) <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 7/21/2004 239-489-4890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

66430630

Attachment
Doc # N41707

HUMMINGBIRD HAMMOCK CONDOMINIUM ASSN
HAYDEN & ASSOCIATES
Community Association Management Services
21301 S Tamiami Trail, Suite 320, PMB 335
Estero, Florida, 33928
Phone 239-489-4890 * Fax 239-489-4980

July 19, 2004

Division of Corporations
Annual Reports Section
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

Enclosed please find the updated, signed 2004 Annual Report for the Hummingbird Hammock Condominium Association. The report was originally mailed by the previous management company in March, but had not been signed. I understand that the payment of \$61.25 was posted to the account at that time.

Please file this report as soon as possible and waive any late charges, since this report was originally received before the May 1 deadline.

Thank you very much.

Sincerely,


Sarah Alexander
Community Association Manager

cc: file