2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # N41707 1. Entity Name HUMMINGBIRD HAMMOCK CONDOMINIUM ASSOCIATION, INC.					04-	25-2005 90298 01	/ ****61.2	15		
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								
2		3. Mailing Address					LA 1800 BIOLO BIOL	ABI OH IBBI		
Hayden & Assoc 8359 Beacon Blvd,Suite 213 Ft Myers, FL 33907		21301 S Tamiami Tr # PMB 335 Estero, FL 33928			03102005 Chg-NP CR2E037 (10/03)					
					4. FEI Number 65-031198	4. FEI Number 65-0311980		Applied For Not Applicable		
		Zip		ष्ट्रण ास्तर - -	5. Certificate of Status Desired Fee Required					
6. Name and Address of Current Registered Ag					7. Name and Add	ress of New Registered				
HAYDEN, KEN				Name						
21301 S. TAMIAMI TRAIL #320, PMB 335				Street Addres	(P.O. Box Number is Not Acceptable)					
ESTERO, FL 33928					· · · · · · · · · · · · · · · · · · ·	- · · · · ·	_			
				City		FL	Zip Code)		
8. 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 Signature, hypertoxic and appropriate properties and appropriate (NOTE: Registered Agent signature required when reinstating) DATE										
Filing Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Trust Fund Contribu										
10.	OFFICERS AND DI		11.	<u></u>		S TO OFFICERS AND D				
title Name	LISULA, MARY LOU	⊠ Defei	AAM		athken Cha 452 Pepperti	mbers ie Dr	Change	XX Addition		
STREET ADDRESS CITY-ST-ZIP	5450 PEPPERTREE DR FORT MYERS, FL 33908			CCI ADUNESS [Anyors, R	_		'		
TITLE	PD				dward For		☐ Change	Addition		
NAME STREET ADDRESS	SWEENEY, LINDA 5470 PEPPERTREE DR	•	NAM		Sith Bucking	atan	,	•		
CITY-ST-ZIP	FORT MYERS, FL 33908			Y-ST-ZIP		Eragy M	-			
TITLE	D - BINNION, PAMELA	Dele	~		<u> </u>		☐ Ĉĥange	☐ Addition		
NAME STREET ADDRESS	5412 PEPPERTREE DR		NAA STR	REET ADDRESS						
CITY-ST-ZIP	FORT MYERS, FL 33908			Y-ST-ZIP						
TITLE NAME		☐ Dele	te TITI				☐ Change	☐ Addition		
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP						
TIFLE		☐ Dele					☐ Change	☐ Addition		
NAME STREET ADDRESS			NA/	ME Reet adoress						
CITY-ST-ZIP				Y-ST-ZIP						
TITLE NAME		☐ Dele	te IIII				☐ Change	☐ Addition		
STREET ADDRESS				EET ADDRESS						
CITY-ST-ZIP	·	- d-1- CV		Y-ST-ZIP	446 67600 =					
		12. 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 regeiver 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.								
12. I hereby indicated of the corchanged	certify that the information supplied wit fon this report or supplemental report in rporation or the receiver or trustee emp , or on an attachment with an address,	n this filing does not questrous and accurate and owered to execute this with all other like emporential or the street of the st	id that my signa is report as required owered.	emplion stated in ature shall have t sired by Chapter	the same legal effect as i 617, Florida Statutes; an	f made under oath; that I d that my name appears	rtity that the in am an officer in Block 10 or	or director Block 11 if		
12. I hereby indicated of the corchanged.	, or on an attachment with an address,	n this filing does not quest to the strue and accurate an owered to execute this with all other like emporate the structure of the structure o	d that my signal report as required that my signal report as required.	emption stated in ature shall have t sired by Chapter	the same legal effect as 617, Florida Statutes; an		rtify that the in am an officer in Block 10 or	or director Block 11 if		