
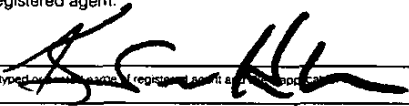
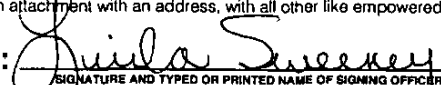


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-25-2005 90298 017 ****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
2 Hayden & Assoc 8359 Beacon Blvd, Suite 213 Ft Myers, FL 33907	3. Mailing Address 21301 S Tamiami Tr #320 PMB 335 Estero, FL 33928	
6. Name and Address of Current Registered Agent HAYDEN, KEN 21301 S. TAMIAMI TRAIL #320, PMB 335 ESTERO, FL 33928		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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  (NOTE: Registered Agent signature required when reinstating) DATE 4/5/05		4. FEI Number 03102005 Chg-NP CR2E037 (10/03) 65-0311980 Applied For Not Applicable
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LISULA, MARY LOU 5450 PEPPERTREE DR FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SWEENEY, LINDA 5470 PEPPERTREE DR FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	ST Kathleen Chambers 5452 Peppertree Dr Ft Myers, FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BINNION, PAMELA 5412 PEPPERTREE DR FORT MYERS, FL 33908 <input type="checkbox"/> Delete	P Edward Farnier 4246 Buckingham Royal Oak, MI 48073 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: 		Date 3/30/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

50043284

