

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90025 035 ****61.25

40007990



DOCUMENT # N41707	
1. Entity Name HUMMINGBIRD HAMMOCK CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business	Mailing Address

P & M Property Management
 14360 So. Tamiami Trail, Unit B
 Fort Myers, Florida 33912

P & M Property Management
 14360 So. Tamiami Trail, Unit B
 Fort Myers, Florida 33912

152007 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number 65-0311980	Applied For Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

HAYDEN, KEN
 21301 S. TAMIAMI TRAIL
 #320, PMB 335
 ESTERO, FL 33928

Name: Paul Sapp
 Str: P & M Property Management
 14360 So. Tamiami Trail, Unit B
 Cit: Fort Myers, Florida 33912
 Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office and accepting the obligations of a registered agent.

similar with, and accept

SIGNATURE

Paul Sapp

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

1/18/07

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

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	P FARNIER, EDWARD 4246 BUCKINGHAM ROYAL OAK, MI 48073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ED FOURNIER 5440 PEPPER TREE DR FT. MYERS, FL 33908 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BINNION, PAMELA 5412 PEPPER TREE DR FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DEBBIE A. COLEMAN 5432 PEPPER TREE DR FT MYERS FL 33908 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S LUCKEY, ETHELDA 5410 PEPPER TREE 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	AS HAYDEN, KEN 21301 S. TAMIAMI TRAIL ESTERO, FL 33928 <input checked="" 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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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

Edward E Fournier

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-07 248-797-2405

DATE

Daytime Phone #