


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N41707	
1. Entity Name HUMMINGBIRD HAMMOCK CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business P & M PROPERTY MGMT 14360 SOUTH TAMIAMI TR UNIT B FORT MYERS, FL 33912 US	Mailing Address P & M PROPERTY MGMT 14360 SOUTH TAMIAMI TR UNIT B FORT MYERS, FL 33912 US
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01172008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0311980	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAPP, PAUL
 14360 SOUTH TAMIAMI TR
 UNIT B
 FORT MYERS, FL 33912**

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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 _____ 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 May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000952667
 06/04/08-80088-024 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FARNIER, EDWARD 5440 PEPPERTREE DR FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP COLEMAN, DEBBIE A 5432 PEPPERTREE DR FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LUCKEY, ETHELDA 5410 PEPPERTREE DR. FORT MYERS, FL 33908
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 Fournier* **1-23-08 248-797-2405**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #