

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46189

FILED  
Jun 24, 2009  
Secretary of State

**Entity Name:** THE HAMMOCK POINTE SCHOOL-COMMUNITY ORGANIZATION, INC.

**Current Principal Place of Business:**

8400 SW 8TH ST  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

8400 SW 8TH ST  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:** 65-0308626      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

ADAMS, MICHELLE  
8400 SW 8TH STREET  
BOCA RATON, FL 33433      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P      ( ) Delete  
Name: ADAMS, MICHELLE  
Address: 8400 SW 8TH ST  
City-St-Zip: BOCA RATON, FL 33433

Title: V      ( ) Delete  
Name: HAVILAND, MICHELE  
Address: 8400 SW 8TH ST  
City-St-Zip: BOCA RATON, FL 33433

Title: T      ( ) Delete  
Name: RIVERA, ELIZABETH  
Address: 8400 SW 8TH ST  
City-St-Zip: BOCA RATON, FL 33433

Title: 2VP      ( ) Delete  
Name: KEARNEY-COLETTO, KELLI  
Address: 8400 SW 8TH ST  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES      (X) Change ( ) Addition  
Name: ADAMS, MICHELLE  
Address: 8400 SW 8TH ST  
City-St-Zip: BOCA RATON, FL 33433

Title: VP      (X) Change ( ) Addition  
Name: HAVILAND, MICHELE  
Address: 8400 SW 8TH ST  
City-St-Zip: BOCA RATON, FL 33433

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE ADAMS

PRES

06/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date