

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47826

FILED
Apr 09, 2006
Secretary of State

Entity Name: HAMMOCK LAKES DISTRICT ASSOCIATION, INC.

Current Principal Place of Business:

P. O. BOX 410168
VIERA, FL 32941

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 410168
VIERA, FL 32941

New Mailing Address:

FEI Number: 59-3120093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRIGGS, WILLIAM M VD
6987 BLACKBERRY CT
VIERA, FL 32940 US

Name and Address of New Registered Agent:

BRIGGS, WILLIAM M PD
6987 BLACKBERRY CT
VIERA, FL 32940 US

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: WILLIAM M BRIGGS

04/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: HOPPIN, MICHAEL
Address: 7097 HAMMOCK LAKES DR.
City-St-Zip: VIERA, FL 32940

Title: VD () Delete
Name: BRIGGS, WILLIAM M
Address: 6987 BLACKBERRY CT
City-St-Zip: VIERA, FL 32940

Title: TD () Delete
Name: FELICIANO, ELSA N
Address: 7257 HAMMOCK LAKES DR.
City-St-Zip: VIERA, FL 32940

Title: D () Delete
Name: WOLF, JERRY J
Address: 6916 HAMMOCK LAKES DR.
City-St-Zip: VIERA, FL 32940

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BRIGGS, WILLIAM M PD
Address: 6987 BLACKBERRY CT
City-St-Zip: VIERA, FL 32940

Title: VP (X) Change () Addition
Name: WOLF, JERRY J VP
Address: 6916 HAMMOCK LAKES DR.
City-St-Zip: VIERA, FL 32940

Title: TD (X) Change () Addition
Name: FELICIANO, ELSA N TD
Address: 7257 HAMMOCK LAKES DR.
City-St-Zip: VIERA, FL 32940

Title: S (X) Change () Addition
Name: PHILLIPS, JUNE A S
Address: 6907 BLACKBERRY CT
City-St-Zip: VIERA, FL 32940

Title: D () Change (X) Addition
Name: LASER, JEREMY D
Address: 6950 MULBERRY CT
City-St-Zip: VIERA, FL 32940

I hereby certify that the information supplied with this filing does not qualify for the 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: ELSA N FELICIANO

TD

04/09/2006

Electronic Signature of Signing Officer or Director

Date