2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# N47826

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 ( )**

Name and Address of Current Registered Agent:

BRIGGS, WILLIAM M PD
6987 BLACKBERRY CT
VIERA, FL 32940 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:	PD	( ) Delete
Name:	BRIGGS, WILLIAM M PD	
Address:	6987 BLACKBERRY CT	
City-St-Zip:	VIERA, FL 32940	
Title:	VP	( ) Delete
Name:	WOLF, JERRY J VP	
Address:	6916 HAMMOCK LAKES DR.	
City-St-Zip:	VIERA, FL 32940	
Title:	TD	( ) Delete
Name:	FELICIANO, ELSA N TD	
Address:	7257 HAMMOCK LAKES DR.	
City-St-Zip:	VIERA, FL 32940	
Title:	S	(X) Delete
Name:	PHILLIPS, JUNE A S	
Address:	6907 BLACKBERRY CT	
City-St-Zip:	VIERA, FL 32940	
Title:	D	( ) Delete
Name:	LASER, JEREMY D	
Address:	6950 MULBERRY CT	
City-St-Zip:	VIERA, FL 32940	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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 04/03/2007

Electronic Signature of Signing Officer or Director — Date