



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90319 037 ****61.25

DOCUMENT # N47826 1. Entity Name HAMMOCK LAKES DISTRICT ASSOCIATION, INC.					
Principal Place of Business P. O. BOX 410168 VIERA, FL 32941			Mailing Address P. O. BOX 410168 VIERA, FL 32941		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <u>Suite 103</u>		3. Mailing Address <u>1331 Bedford Dre</u> Suite, Apt. #, etc. <u>Suite 103</u>		<p>40083430</p>  <p>04182008 Chg-NP CR2E037 (12/06)</p>	
City & State City <u>Melbourne, FL</u>		City & State City <u>Melbourne, FL</u>			
Zip <u>32940</u>		Zip <u>32940</u>			
Country 		Country 			
4. FEI Number 59-3120093				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent BRIGGS, WILLIAM M PD 6987 BLACKBERRY CT VIERA, FL 32940			7. Name and Address of New Registered Agent Name <u>Labbate, LeTisha</u> Street Address (P.O. Box Number is Not Acceptable) <u>1331 Bedford Dr. Suite 103</u> City <u>Melbourne, FL</u> Zip Code <u>32940</u>		
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 <u>LeTisha M Labbate</u> 4/18/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD BRIGGS, WILLIAM M PD 6987 BLACKBERRY CT VIERA, FL 32940	<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	VP WOLF, JERRY J VP 6916 HAMMOCK LAKES DR. VIERA, FL 32940	<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	TD FELICIANO, ELSA N TD 7257 HAMMOCK LAKES DR. VIERA, FL 32940	<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	D LASER, JEREMY D 6950 MULBERRY CT VIERA, FL 32940	<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
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: <u>President</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-18-08 321-777-7575 <small>Date Daytime Phone #</small>		