


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90010 030 ****61.25

DOCUMENT # N93000002702 1. Entity Name THE HAMMOCKS AT RIVER BRIDGE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 100 RIVER BRIDGE BLVD WEST PALM BEACH, FL 33413 US			Mailing Address 4000 S 57TH AVE STE 101 LAKE WORTH, FL 33463 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01042007 Chg-NP CR2E037 (12/06)	
4. FEI Number 65-0320483				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			7. Name and Address of New Registered Agent		
FEATOW, JERRY C/O PROPERTY MANAGEMENT RESOURCES 4000 S 57 AVE #101 LAKE WORTH, FL 33463			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	TD	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WATSON, JAMES		NAME	WATSON JAMES	
STREET ADDRESS	129 HAMMOCKS CT.		STREET ADDRESS	129 HAMMOCKS CT.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORNOW, LEO		NAME		
STREET ADDRESS	131 HAMMOCKS CT		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONAHUE, NEAL		NAME	DONAHUE NEAL	
STREET ADDRESS	123 HAMMOCKS CT		STREET ADDRESS	123 HAMMOCKS CT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, ALICE		NAME		
STREET ADDRESS	149 HAMMOCKS DR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILD, RAYMOND		NAME	WATSON EBANNE	
STREET ADDRESS	121 HAMMOCKS CT		STREET ADDRESS	129 HAMMOCKS CT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
TITLE	D	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCAPACCINO, JOHN		NAME	SCAPACCINO JOHN	
STREET ADDRESS	110 HAMMOCKS CT		STREET ADDRESS	110 HAMMOCKS CT	
CITY-ST-ZIP	WEST PALM BEACH, FL 33413		CITY-ST-ZIP	WEST PALM BEACH, FL 33413	
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: <i>John Scapaccino Pres</i>			3/16/07 561-966-8616		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		