

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90024 033 ****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	4. FEI Number 65-0320483	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</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 D NAME WATSON, JAMES STREET ADDRESS 129 HAMMOCKS CT. CITY-STATE-ZIP WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete		TITLE VP NAME WATSON JAMES STREET ADDRESS 129 HAMMOCKS CT CITY-STATE-ZIP WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE PD NAME ZORNOW, LEO STREET ADDRESS 131 HAMMOCKS CT CITY-STATE-ZIP WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME DONAHUE, NEAL STREET ADDRESS 123 HAMMOCKS CT CITY-STATE-ZIP WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME GREEN, ALICE STREET ADDRESS 149 HAMMOCKS DR CITY-STATE-ZIP WEST PALM BEACH, FL 33413	<input checked="" type="checkbox"/> Delete		TITLE SD NAME ZORNOW RHODA STREET ADDRESS 131 HAMMOCKS CT CITY-STATE-ZIP WEST PALM BEACH, FL 33413	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WATSON, JEANNE STREET ADDRESS 129 HAMMOCKS CT CITY-STATE-ZIP WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME SCAPACCINO, JOHN STREET ADDRESS 110 HAMMOCKS CT CITY-STATE-ZIP WEST PALM BEACH, FL 33413	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP 	<input checked="" 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: _____ <i>3-27-08 561-969-2700</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					