## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N93000002702

FILED Jan 20, 2009 Secretary of State

Entity Name: THE HAMMOCKS AT RIVER BRIDGE HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 100 RIVER BRIDGE BLVD WEST PALM BEACH, FL 33413 US **Current Mailing Address: New Mailing Address:** 4000 S 57TH AVE STE 101 LAKE WORTH, FL 33463 US FEI Number: 65-0320483 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FEATOW, JERRY FLATOW, JERRY C/O PROPERTY MANAGEMENT RESOURCES C/O PROPERTY MANAGEMENT RESOURCES 4000 S 57 AVE #101 4000 S 57 AVE #101 LAKE WORTH, FL 33463 US LAKE WORTH, FL 33463 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: JERRY FLATOW 01/20/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition WATSON, JAMES Name: Name: 129 HAMMOCKS CT. Address: Address: City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: Title: PD () Delete Title: () Change () Addition ZORNOW, LEO Name: Name: Address: 131 HAMMOCKS CT Address: City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: Title: () Delete Title: () Change () Addition RHODA, ZORNOW Name: Name: 131 HAMMOCKS CT Address: Address: City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: Title: ( ) Delete Title: () Change () Addition WATSON, JEANNE Name: Name: Address: 129 HAMMOCKS CT Address: City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: Title: () Delete Title: () Change () Addition SCAPACCINO, JOHN Name: Name: 110 HAMMOCKS CT Address: Address: City-St-Zip: WEST PALM BEACH, FL 33413 City-St-Zip: Title: () Delete Title: ( ) Change (X) Addition ROBERTS, RICHARD Name: Name: Address: Address: 123 HAMMOCKS DRIVE WEST PALM BEACH, FL 33413 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LEO ZORNOW P 01/20/2009