2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2011
Secretary of State

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

Current Principal Place of Business:

100 RIVER BRIDGE BLVD.
WEST PALM BEACH, FL 33413 US

New Principal Place of Business:

Current Mailing Address:

ASSOCIATED PROPERTY MANAGEMENT
1928 LAKE WORTH RD.
LAKE WORTH, FL 33461 US

New Mailing Address:

FEI Number: 65-0401007 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKER, EDWARD ESQ.
1818 AUSTRALIAN AVE. SOUTH
SUITE 400
WEST PALM BEACH, FL 33409 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: P
Name: MOLOW, BERT
Address: 381 HAMMOCKS TRAIL
City-St-Zip: WEST PALM BEACH, FL 33413

Title: V
Name: SCHOLTZ, FRANK
Address: 425 TROTTERS LANE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: S
Name: GREIM, JUDY
Address: 404 TROTTERS LANE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: T
Name: GAENGER, DANIEL
Address: 372 HAMMOCKS TRAIL
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D
Name: BRAM, LAWRENCE
Address: 201 TRAILS END
City-St-Zip: WEST PALM BEACH, FL 33413

I hereby 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 all other like empowered.

SIGNATURE: BRIAN MCENTEE APM 03/03/2011

Electronic Signature of Signing Officer or Director — Date