

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002499

FILED
Mar 17, 2009
Secretary of State

Entity Name: HAMMOCK CREEK MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

111 SE FEDERAL HWY
STE. 100
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

111 SE FEDERAL HWY
STE. 100
STUART, FL 34994

New Mailing Address:

FEI Number: 65-0584144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAWYER, C F
1111 SE FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994 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: TD () Delete
Name: KATZ, JEJROME
Address: 5123 SW HAMMOCK CREEK DR.
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: FAGAN, GREGORY J
Address: 4152 W. BLUE HERON BLVD., SUITE 128
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D () Delete
Name: WILLIAM, RICHARD
Address: 2231 SW MANELE PLACE
City-St-Zip: PALM CITY, FL 34990

Title: SD () Delete
Name: HARROP, STEVEN
Address: 2400 GOLDEN BEAR WAY
City-St-Zip: PALM CITY, FL 34990

Title: PD () Delete
Name: CICCHINO, JOHN
Address: 4492 SW LAPALOMA DRIVE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WELLER, DAVID
Address: 4553 SW LONG BAY DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JOHN CICCHINO

PRES

03/17/2009

Electronic Signature of Signing Officer or Director

Date