2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 27, 2007 8:00 am Secretary of State **DOCUMENT # N94000003640** 04-27-2007 90213 039 ****61.25 HAMMOCK TRACE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address 40086786 400 TONEY PENNA DR. 1930 COMMERCE LANE JUPITER, FL 33458 101 JUPITER, FL 33458 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 04232007 CR2E037 (12/06) 4. FEI Number 65-0488228 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRISTON MANAGEMENT SRVS. INC Street Address (P.O. Box Number is Not Acceptable) 1930 COMMERCE LANE #1 JUPITER, FL 33458 City 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. ovur for printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete TITLE TITLE ☐ Change ☐ Addition NAME MCGINNIS, CONNIE STREET ADORESS STREET ADDRESS 121 PENNOCK TRACE DRIVE JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition PREVE, KEN NAME NAME 116 PENNOCK TRACE DR STREET ADDRESS STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition MINICH, DIANE NAME NAME STREET ADDRESS 142 PENNOCK TRACE DRIVE STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP JUPITER, FL 33458 ☐ Delete ☐ Change ■ Addition TITLE TITLE NELSON, NILIS NAME NAME 136 PINE HAMMOCK CT STREET ADDRESS STREET ADDRESS JUPITER, FL 33458 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Addition TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP no does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information of accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of execute this eport as required by Chapter 617, Florida Statutes; and that my mame apprears in Block 10 or Block 11 if I hereby certify that the information supplied with this fa ed on this report or supple of the corporation or the receive changed, or on an attachment

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561