


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90247 035 ****61.25

DOCUMENT # N94000003640 1. Entity Name HAMMOCK TRACE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 400 TONEY PENNA DR. JUPITER, FL 33458 US			Mailing Address 1930 COMMERCE LANE 101 JUPITER, FL 33458 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite # 1			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0488228	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRISTOL MANAGMENT 1930 COMMERCE LANE #1 JUPITER, FL 33458			7. Name and Address of New Registered Agent 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 reinstating) DATE</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 NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> Delete MCGINNIS, CONNIE 121 PENNOCK TRACE DRIVE JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mike Phelan 205 Pennock Trace Dr Jupiter, FL 33458	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete PREVE, KEN 116 PENNOCK TRACE DR JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ken Preve	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> Delete MINICH, DIANE 142 PENNOCK TRACE DRIVE JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete NELSON, NILIS 136 PINE HAMMOCK CT JUPITER, FL 33458		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4/24/08 Daytime Phone #					