


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90085 013 ****61.25

DOCUMENT # N95000001680					
1. Entity Name THE SANCTUARY AT HAMMOCK CREEK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1274 NE BUSINESS PARK 01 JENSEN BEACH, FL 34957		Mailing Address P.O. BOX 65 JENSEN BEACH, FL 34957		01122004 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 65-0584140	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORNETT, JANE L 401 E OSCEOLA ST STUART, FL 34994			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		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 PD NAME URCHECK, NANCY STREET ADDRESS 56044 SW HAMMOCK CREEK DR CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE TD NAME LACHMANN, KEL STREET ADDRESS 5299 SW AVILIA COURT CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME BOYER, ROBERT STREET ADDRESS 2695 SW GLENMOOR WAY CITY-ST-ZIP PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE TD NAME HOPKINS, SEAN STREET ADDRESS 4876 SW HAMMOCK CREEK DR. CITY-ST-ZIP PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete <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	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____			04/09/04 772-286-1900		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		