

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
Oct 20, 2005  
Secretary of State

DOCUMENT# N95000001680

Entity Name: THE SANCTUARY AT HAMMOCK CREEK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1274 NE BUSINESS PARK 01  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 65  
JENSEN BEACH, FL 34957

**New Mailing Address:**

FEI Number: 65-0584140      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CORNETT, JANE L  
401 E OSCEOLA ST  
STUART, FL 34994      US

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: JANE CORNETT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: URCHECK, NANCY  
Address: 56044 SW HAMMOCK CREEK DR  
City-St-Zip: PALM CITY, FL 34990

Title: SD      ( ) Delete  
Name: BOYER, ROBERT  
Address: 2695 SW GLENMOOR WAY  
City-St-Zip: PALM CITY, FL 34990

Title: TD      ( ) Delete  
Name: KACHMANN, KEL  
Address: 5299 SW AVILA COURT  
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: TD      (X) Change ( ) Addition  
Name: DEAN, MELANIE  
Address: 5211 HAMMOCK CREEK DR  
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BOB BOYER

SD

10/20/2005

Electronic Signature of Signing Officer or Director

Date