2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2006
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:

735 COLORADO AVE
SUITE 3
STUART, FL 34994

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:

CORNETT, JANE L
401 E OSCEOLA ST
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: 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: DEAN, MELANIE
Address: 5211 HAMMOCK CREEK DR
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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: NANCY URCHECK PD 09/15/2006

Electronic Signature of Signing Officer or Director Date