


FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90104 024 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # N95000001680 1. Entity Name THE SANCTUARY AT HAMMOCK CREEK HOMEOWNERS ASSOCIATION, INC.			40079603
Principal Place of Business 735 COLORADO AVE STE 3 STUART, FL 34994		Mailing Address 735 COLORADO AVE SUITE 3 STUART, FL 34994	
2. Principal Place of Business - No P.O. Box # 543 NW Lake Whitney Pl State, Apt #, etc #101		3. Mailing Address 543 NW Lake Whitney Pl State, Apt #, etc #101	
City & State Port St. Lucie FL		City & State Port St. Lucie FL	
Zip 34986		Zip 34986	
Country USA		Country USA	
6. Name and Address of Current Registered Agent MUNDT, DIANE %BRISTOL MANAGEMENT 735 COLORADO AVE, STE 3 STUART, FL 34994		7. Name and Address of New Registered Agent Dicker, Krivok + Stoloff, P.A. 1818 AUSTRALIAN AVENUE S. Suite 400 West Palm Beach FL 33409	
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 Dicker Krivok + Stoloff by Scott A. Stoloff 3-14-08 <small>Signature typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)</small>		DATE	
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	
<small>Makes check payable to Florida Department of State</small>			
10. OFFICERS AND DIRECTORS			
TITLE PD	URCHECK, NANCY <input checked="" type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
STREET ADDRESS 5044 SW HAMMOCK CREEK DR	PALM CITY, FL 34990	TITLE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	Jerome Katz
CITY - ST - ZIP PALM CITY, FL 34990		STREET ADDRESS 5123 SW HAMMOCK CREEK DR.	Palm City, FL 34990
TITLE SD <input type="checkbox"/> Delete	BOYER, ROBERT	TITLE 	
STREET ADDRESS 2695 SW GLENMOOR WAY	PALM CITY, FL 34990	STREET ADDRESS 	
CITY - ST - ZIP PALM CITY, FL 34990		CITY - ST - ZIP 	
TITLE TD <input type="checkbox"/> Delete	DEAN, MELANIE	TITLE 	
STREET ADDRESS 5211 SW HAMMOCK CREEK DR	PALM CITY, FL 34990	STREET ADDRESS 	
CITY - ST - ZIP PALM CITY, FL 34990		CITY - ST - ZIP 	
TITLE 		TITLE 	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY - ST - ZIP 		CITY - ST - ZIP 	
TITLE 		TITLE 	
NAME 		NAME 	
STREET ADDRESS 		STREET ADDRESS 	
CITY - ST - ZIP 		CITY - ST - ZIP 	
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: Melanie Dean		Date: 4-4-08	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	