

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001680

FILED  
Jan 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

543 NW LAKE WHITNEY PLACE  
SUITE 101  
PORT SAINT LUCIE, FL 34986 US

**New Principal Place of Business:**

969 SOUTH FEDERAL HIGHWAY  
SUITE 401  
STUART, FL 34994 US

**Current Mailing Address:**

543 NW LAKE WHITNEY PLACE  
SUITE 101  
PORT SAINT LUCIE, FL 34986 US

**New Mailing Address:**

969 SOUTH FEDERAL HIGHWAY  
SUITE 401  
STUART, FL 34994 US

FEI Number: 65-0584140

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MUNDT, DIANE  
% DICKER, KRIVOK & STOLOFF, P.A.  
1818 AUSTRALIAN AVENUE SOUTH, SUITE 400  
WEST PALM BEACH, FL 33409 US

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

HARRISON, DIANE  
969 SOUTH FEDERAL HIGHWAY  
SUITE 401  
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: DIANE HARRISON

01/16/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: KATZ, JEROME  
Address: 5123 SW HAMMOCK CREEK DRIVE F  
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 SW 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 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: MELANIE DEAN

TD

01/16/2009

Electronic Signature of Signing Officer or Director

Date