


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90979 015 \*\*\*\*61.25

DOCUMENT # N95000005356					
1. Entity Name HAMMOCKS AT RIVERGLEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1303 NW 1 DEERFIELD BEACH, FL 33442 US			Mailing Address C/O PRIME MANAGEMENT GROUP 6300 PARK OF COMMERCE BOCA RATON, FL 33487		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LEVIN, CHERYL T 4694 NW 103 AVENUE SUNRISE, FL 33351			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make check payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BEAMER, JOHN		NAME	Director Gary Perlowin	
STREET ADDRESS	4381 NW 1ST DRIVE		STREET ADDRESS	4321 NW 1 Pl.	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	ZOERHOF, JOHN		NAME	President	
STREET ADDRESS	4285 NW 1ST DRIVE		STREET ADDRESS	1355 NW 1st Pl	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BACKMAN, SCOTT		NAME		
STREET ADDRESS	4279 NW 1ST DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUMPFELDT, DANA		NAME		
STREET ADDRESS	4341 NW 1 STREET		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAUFFMAN, CHAD		NAME	President Chad Kauffman	
STREET ADDRESS	4355 NW 1 PLACE		STREET ADDRESS	4355 NW 1 Place	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DIAZ, WILLIAM		NAME		
STREET ADDRESS	139 NW 44TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442		CITY-ST-ZIP		
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: _____			Date: 4-28-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					