2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

| Mailing Address Mailing Address Mailing Address ROA PARTON, R. 33487 | DOCUMENT # N9500005356 1. Entity Name HAMMOCKS AT RIVERGLEN HOMEOWNERS ASSOCIATION, INC. | | | · I | 05-02-2005 90979 015 ****61.25 | | |
|--|--|--------------------------------------|--|--|--|--------------------------|--|
| Suite, Apt. #, etc. Aptiled For Not Applicable | 4303 NW 1 | C/O PRIME MANAGE 6300 PARK OF COM | Merce | 1 (60)(10) 6 (6) 6 (10) | 888 8811 8811 8811 8811 8811 8811 8818 8818 8818 | 8##F# \$1 (8 \$) | |
| City & State | 2. Principal Place of Business | 3. Mailing Address | ng Address | | | | |
| Country Zip Country Zip Country S. Certificate of Status Desired \$8.75 Additional Fee Required \$8.75 Additional \$8.7 | Suite, Apt. #, etc. | Suite, Apt. #, etc. | uite, Apt. #, etc. | | 03292005 Chg-NP CR2E037 (10/03) | | |
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| 6. Name and Address of Current Registered Agent IEVIN, CHERYL T 4694 NW 103 AVENUE SUNRISE, FL 33351 City FL Zip Code a. 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 Filling Fee is \$61.25 Due by May 1, 2005 Filling Fee is \$61.25 Due by May 1, 2005 Selection Compatign Financing Addition of Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS IN 12 INSTET ADDRESS AND IN IN IST DRIVE STREET ADDRESS CON-51-2P DEERFIELD BEACH, FL 33442 TILE D BACKMAN, SCOTT SIRET ADDRESS APPRING BEACH, FL 33442 TILE D DEERFIELD BEACH, FL 33442 TILE D DEERFIELD BEACH, FL 33442 TILE | Zip _. Country | Zip | Country | 5. Certificate of St | atus Desired S8.75 Ad | dditional | |
| LEVIN, CHERYL T 4694 NW 103 AVENUE SUNRISE, FL 33351 City | 6. Name and Address of Curren | t Registered Agent | | 7. Name and Add | ress of New Registered Agent | | |
| Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 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 Filling Fee is \$61.25 Due by May 1, 2005 9. Election Campaign Financing Trust Fund Contribution. Deficers AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 INE DEAMER, JOHN BEAMER, JOHN BEAMER, JOHN BEAMER, JOHN SIRET ADDRESS S | LEVIN CHERVI T | | Name | | | | |
| 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 | 4694 NW 103 AVENUE | | Street Add | Street Address (P.O. Box Number is Not Acceptable) | | | |
| Signature Sign | | | City | | FL Zip Co. | de | |
| Filing Fee is \$61.25 9. Election Campaign Financing | the obligations of registered agent. SIGNATURE | | | | | n, and accept | |
| FILE P BEAMER, JOHN Delete TITLE D.C.L.O.C. Change Addition Change | Filing Fee is \$61.25 9. Election Camp. | | ampaign Financing | ing \$5.00 May Be Make check payable to | | | |
| BEAMER, JOHN JASET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE SACKMAN, SCOTT JAME BEAMER, JOHN JAME JOCY PEROUNN JOCK JOCK JOCK | i 0. OFFICERS AND D | RECTORS | 11. | ADDITIONS/CHANG | ES TO OFFICERS AND DIRECTORS I | N 10 | |
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| 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 | TITLE GAME JIREET ADDRESS CITY-ST-ZIP LITHE TIAME STREET ADDRESS CITY-ST-ZIP LITHE TO THAME STREET ADDRESS CITY-ST-ZIP LITHE TO THAME STREET ADDRESS CITY-ST-ZIP LITHE THAME THAM | Delete Delete Delete Delete | CITY-ST-ZIP TITLE NAME STREET ADDRESS | Maynin 1 Pr. | Change Change Change Change | Addition Addition | |

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:

GNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #