

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90014 047 ****61.25

DOCUMENT # N95000005356

1. Entity Name
**HAMMOCKS AT RIVERGLEN HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**4303 NW 1
DEERFIELD BEACH, FL 33442 US**

Mailing Address
**C/O PRIME MANAGEMENT GROUP
6300 PARK OF COMMERCE
BOCA RATON, FL 33487**

20017978

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02072006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0630359

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LEVIN, CHERYL T
4694 NW 103 AVENUE
SUNRISE, FL 33351**

7. Name and Address of New Registered Agent

Name

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PERLOWIN, GARY**
STREET ADDRESS **4291 NW 1 DR**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **S** ☐ Delete
NAME **ZOERHOF, JOHN**
STREET ADDRESS **4285 NW 1ST DRIVE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **T** ☐ Delete
NAME **RUMPFELDT, DANA**
STREET ADDRESS **4341 NW 1 STREET**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE **P** ☐ Delete
NAME **KAUFFMAN, CHAD**
STREET ADDRESS **4355 NW 1 PLACE**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33442**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition
NAME **PRISANT, Dennis**
STREET ADDRESS **SONW 42 way**
CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #