2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# N95000005356

Entity Name: HAMMOCKS AT RIVERGLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4303 NW 1
DEERFILED BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0630359 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KEITH BACKER, BACKER LAW FIRM P.A.
THE ARBOR, STE 420
400 SOUTH DIXIE HWY.
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: ZOERHOF, JOHN
Address: 4285 NW 1ST DRIVE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: P ( ) Delete
Name: RUMPFELDT, DANA
Address: 4341 NW 1 STREET
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D ( ) Delete
Name: KAUFFMAN, CHAD
Address: 4355 NW 1 PLACE
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: T ( ) Delete
Name: PRISANT, DENNIS
Address: 50 NW 42 WAY
City-St-Zip: DEERFIELD BEACH, FL 33442

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:

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: DANA RUMPFELDT P 03/27/2009

Electronic Signature of Signing Officer or Director — Date