

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90271 015 ****61.25

DOCUMENT # N96000005584

1. Entity Name
**THE HAMMOCKS AT RIVER WILDERNESS
HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business
**ONE WILDERNESS BOULEVARD
PARRISH, FL 34219**

Mailing Address
**9031 TOWN CENTER PKWY
BRADENTON, FL 34202 US**



03012006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0759551

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA
9031 TOWNCENTER PARKWAY
BRADENTON, FL 34202**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TDS
SPORL, RICHARD
ONE WILDERNESS BOULEVARD
PARRISH, FL 34219** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
John Callaghan
3112 woodland Fern.Dr.
Parrish, FL 34219** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVP
SECKMAN, DORIS
3216 WOODLAND FERN DR
PARRISH, FL 34219** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP D
David Rich
12159 Red Leaf Rd.
Parrish, FL 34219** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
VERNON, BILL
ONE WILDERNESS BLVD
PARRISH, FL 34219** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Ron woolridge
3311 woodland Fern. Dr.
Parrish, FL 34219** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
Mary Jane Phillips
3315 woodland Fern Dr.
Parrish, FL 34219** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Jack Afflebach
3105 woodland Fern Dr.
Parrish, FL 34219** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 #

John Callaghan **John Callaghan, President**
3-25-06 941-720-1718