2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N96000005584

1. Entity Name
THE HAMMOCKS AT RIVER WILDERNESS



FILED Feb 28, 2007 8:00 am Secretary of State

02-28-2007 90014 015 ****61.25

HOMEOWNERS ASSOCIATION, INC.							
Principal Place of Business ONE WILDERNESS BOULEVARD PARRISH, FL 34219		Mailing Address 9031 TOWN CENTER PKWY BRADENTON, FL 34202 US		gu	U₩~		
2. Principal P	lace of Business - No PO. Box #	3. Mailing Address					IB! B1 IEBI
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01262007 C	hg-NP CR2E03	7 (12/06)	
City & State		City & State		4. FEI Number 65-075955	51	_ 	olied For Applicable
Zip	Country	Zip	Country	5. Certificate of S		8.75 Addi ee Required	
	6. Name and Address of Current	Registered Agent		7. Name and Add	iress of New Registered A	gent	
ADVANCED MANAGEMENT OF SOUTHWEST FLORIDA		WEST FLORIDA	Name	Name			
9031 TOWNCENTER PARKWAY BRADENTON, FL 34202					Not Acceptable)		
			City	·	FL	Zip Code	-
8 The above	named entity submits this statement fo	r the ouroose of changing its re	gistered office or re	egistered agent, or both, in		amiliar with, a	and accept
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							
CICNIATURE							
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, 2007			9. Election Campaign Financing Trust Fund Contribution.				
	•	· ·		\$5.00 May Be Added to Fees	Make check Florida Depart		1
10.	Due by May 1, 2007 OFFICERS AND DIE	Trust Fund Co	ntribution.	Added to Fees ADDITIONS/CHANG	Florida Depart	ment of St	ate 10
TITLE	OFFICERS AND DIE	Trust Fund Co	11.	Added to Fees ADDITIONS/CHANG	Florida Depart	ment of St	ate
	Due by May 1, 2007 OFFICERS AND DIE	Trust Fund Cor RECTORS	11. TITLE STREET ADDRESS	Added to Fees ADDITIONS/CHANG S D John Callagha 3312 Wood and	Florida Depart	ment of St	ate 10
TITLE NAME	OFFICERS AND DIE PD CALLAGHAN, JOHN	Trust Fund Cor RECTORS	11. 11ILE NAME STREET ADDRESS CITY-ST-ZIP	Added to Fees ADDITIONS/CHANG SD JULY Callagha 3312 Woudtond Parrish, FC	Florida Depart	ment of Str ECTORS IN Change	ate 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Due by May 1, 2007 OFFICERS AND DIF PD CALLAGHAN, JOHN 3312 WOODLAND FERN DR PARRISH, FL 34219 VPD	Trust Fund Cor RECTORS	11. 11ILE NAME STREET ADDRESS CITY-ST-ZIP TITE TITE CONTROL CONTROL	Added to Fees ADDITIONS/CHANG SD JUHN Callagha 3312 Woudland Parrish, FC	Florida Depart	ment of St	ate 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Due by May 1, 2007 OFFICERS AND DIF PD CALLAGHAN, JOHN 3312 WOODLAND FERN DR PARRISH, FL 34219 VPD RICH, DAVID	Trust Fund Cor	11. 11ILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAMF	Added to Fees ADDITIONS/CHANG S D John Callagha 3312 wood fond Parryh, FC	Florida Depart IES TO OFFICERS AND DIF	ment of Str ECTORS IN Change	ate 10 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Due by May 1, 2007 OFFICERS AND DIF PD CALLAGHAN, JOHN 3312 WOODLAND FERN DR PARRISH, FL 34219 VPD RICH, DAVID 12159 RED LEAF RD PARRISH, FL 34219 SD WOOLRIDGE, RON 3311 WOODLAND FERN DR PARRISH, FL 34219 TD PHILLIPS, MARY JANE 3315 WOODLAND FERN DR PARRISH, FL 34219	Trust Fund Con RECTORS Delete Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Added to Fees ADDITIONS/CHANG S D John Callagha 3312 wood land Parrish, FC David Rich assa Rid Ceaf Parrish, FC 3311 wood land Parrish, FC 3311 wood land Parrish, FC 3311 wood land Parrish, FC 3511 wood land Parrish, FC	Florida Depart ESTO OFFICERS AND DIF THE TO DE Rd. H219 THE TO DE RY219 FRD.	Change	10 Addition Addition
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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