

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-28-2007 90014 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**

400000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01262007 Chg-NP CR2E037 (12/06)

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, 2007**

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 PD ☐ Delete
NAME CALLAGHAN, JOHN
STREET ADDRESS 3312 WOODLAND FERN DR
CITY-ST-ZIP PARRISH, FL 34219

TITLE SD ☒ Change ☐ Addition
NAME John Callaghan
STREET ADDRESS 3312 Woodland Fern Dr.
CITY-ST-ZIP Parrish, FL 34219

TITLE VPD ☐ Delete
NAME RICH, DAVID
STREET ADDRESS 12159 RED LEAF RD
CITY-ST-ZIP PARRISH, FL 34219

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

TITLE SD ☐ Delete
NAME WOOLRIDGE, RON
STREET ADDRESS 3311 WOODLAND FERN DR
CITY-ST-ZIP PARRISH, FL 34219

TITLE VP, D ☒ Change ☐ Addition
NAME Ron Woolridge
STREET ADDRESS 3311 Woodland Fern Dr.
CITY-ST-ZIP Parrish, FL 34219

TITLE TD ☒ Delete
NAME PHILLIPS, MARY JANE
STREET ADDRESS 3315 WOODLAND FERN DR
CITY-ST-ZIP PARRISH, FL 34219

TITLE T.D. ☐ Change ☒ Addition
NAME Mike Byerle
STREET ADDRESS 12147 Red Leaf Rd.
CITY-ST-ZIP Parrish, FL 34219

TITLE D ☐ Delete
NAME AFLEBACH, JACK
STREET ADDRESS 3105 WOODLAND FERN DR
CITY-ST-ZIP PARRISH, FL 34219

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

2-20-07

Date

941-359-1134

Daytime Phone #