

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90265 024 ****61.25

DOCUMENT # N97000001164						
1. Entity Name HAMMOCK LAKES HOMEOWNERS' ASSOCIATION, INC.						
Principal Place of Business C/O KEYSTONE PROPERTY 308 VERO BEACH, FL 32960			Mailing Address 2001 9TH AVE 308 VERO BEACH, FL 32960			
2. Principal Place of Business - No P.O. Box # Hammock LAKES Suite, Apt. #, etc. 5685 W 14th St SW City & State Vero Beach FL Zip 32968 Country US		3. Mailing Address 410 Vista Properties Mgmt. Inc. Suite, Apt. #, etc. 100 Vista Royale Blvd. City & State Vero Beach FL Zip 32962 Country US		40077500 		
4. FEI Number 65-0818876		Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent MILLER, WILLIAM F 2001 9TH AVE SUITE 308 VERO BEACH, FL 32960			7. Name and Address of New Registered Agent Name: James Taylor Street Address (P.O. Box Number is Not Acceptable): 5070 North Highway A1A #200 City: Vero Beach FL Zip Code: 32963			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STILLING, ARTHUR STREET ADDRESS 5905 WEST 1ST SQ. SW CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete			TITLE P NAME Kirk, Charles STREET ADDRESS 200 56 DR. SW CITY-ST-ZIP Vero Beach FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VPD NAME SINCLAIR, SCOTT STREET ADDRESS 215 56TH DRIVE SW CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete			TITLE VPD NAME Hand, Richard STREET ADDRESS 5270 E 1 St SW CITY-ST-ZIP Vero Beach FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE TD NAME LESSARD, PEGGY STREET ADDRESS 5740 WEST 1ST SQ. SW CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete			TITLE TD NAME Ziarnowsky, Paul STREET ADDRESS 5530 W 1 St SW CITY-ST-ZIP Vero Beach FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME SMUKALA, JO-AN STREET ADDRESS 5180 EAST 1ST SQ. SW CITY-ST-ZIP VERO BEACH, FL 32968	<input type="checkbox"/> Delete			TITLE D NAME GAVONI, JOSEPH STREET ADDRESS 5700 W. 1ST SQ. SW CITY-ST-ZIP VERO BEACH, FL 32968	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME GAVONI, JOSEPH STREET ADDRESS 5700 W. 1ST SQ. SW CITY-ST-ZIP VERO BEACH, FL 32968	<input type="checkbox"/> Delete			TITLE D NAME Rasofsky, Rueben STREET ADDRESS 170 55th Ave SW CITY-ST-ZIP Vero Beach FL 32968	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME WARNITZ, EDWIN STREET ADDRESS 5670 W. 1ST SQ. SW CITY-ST-ZIP VERO BEACH, FL 32968	<input checked="" type="checkbox"/> Delete					
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: 4-5-07 Daytime Phone #						