

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004239

FILED
Jan 17, 2009
Secretary of State

Entity Name: HAMMOCK SHORES HOMEOWNERS ASSOCIATION INC.

Current Principal Place of Business:

HAMMOCK COVE ROAD
EASTPOINT, FL 32328

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 378
EASTPOINT, FL 32328

New Mailing Address:

FEI Number: 59-3661004 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DURHAM, JAMES T
9 HAMMOCK COVE ROAD
EASTPOINT, FL 32328 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: PD () Delete
Name: DURHAM, JAMES T
Address: 9 HAMMOCK COVE RD
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: STANTON, WILLIAM
Address: 50 HAMMOCK COVE RD
City-St-Zip: EASTPOINT, FL 32328

Title: D () Delete
Name: LLARDI, JEFFREY
Address: 30 HAMMOCK COVE RD
City-St-Zip: EASTPOINT, FL 32328

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: STOVER, THOMAS
Address: 12 HAMMOCK COVE RD
City-St-Zip: EASTPOINT, FL 32328

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: JAMES T. DURHAM

PD

01/17/2009

Electronic Signature of Signing Officer or Director

_____ Date