## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N97000005477

FILED Apr 26, 2005 Secretary of State

Entity Name: HAMMOCK GREENS IV AT PELICAN SOUND CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

20840 HAMMOCK GREENS LANE ESTERO, FL 33928 US

Current Mailing Address: New Mailing Address:

PO BOX 9709

NAPLES, FL 341019707 US

FEI Number: 59-3471735 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, STEPHEN P

4985 TAMIAMI TRAIL EAST

NAME OF STAMIAM INC.

NAME OF STAMIAM INC.

NAME OF STAMIAM INC.

NAME OF STAMIAM INC.

NAPLES, FL 34113 US NAPLES, FL 34108 US

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: JOHN BLANCHARD 04/26/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

Name: STERN, STUART Name:

 Address:
 20850 HAMMOCK GREENS LANE, #203
 Address:

 City-St-Zip:
 ESTERO, FL 33928 US
 City-St-Zip:

Title: VD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 BROERSE, HARRY
 Name:

 Address:
 20801 HAMMOCK GREENS LANE, #202
 Address:

 City-St-Zip:
 ESTERO, FL 33928 US
 City-St-Zip:

Title: STD () Delete Title: () Change () Addition

 Name:
 BAUMANN, MANFRED
 Name:

 Address:
 20840 HAMMOCK GREENS LANE #203
 Address:

 City-St-Zip:
 ESTERO, FL 33928 US
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STUART STERN PD 04/26/2005