

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005477

FILED
Apr 15, 2009
Secretary of State

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

Current Principal Place of Business:

20840 HAMMOCK GREENS LANE
ESTERO, FL 33928 US

New Principal Place of Business:

Current Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
NAPLES, FL 34113 US

New Mailing Address:

FEI Number: 59-3471735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EAGLE PROPERTY MANAGEMENT
1337 EGRETS LANDING , #102
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

CAMBRIDGE PROPERTY MANAGEMENT
2335 TAMiami TRL N
SUITE 402
NAPLES, FL 34103 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: JAMES MEADE

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: STERN, STUART
Address: 20850 HAMMOCK GREENS LANE, #203
City-St-Zip: ESTERO, FL 33928 US

Title: STD () Delete
Name: BAUMANN, MANFRED
Address: 20840 HAMMOCK GREENS LANE #203
City-St-Zip: ESTERO, FL 33928 US

Title: VD () Delete
Name: SAMSON, ROBERT
Address: 20840 HAMMOCK GREENS LANE #103
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KUNZMANN, WALTER
Address: 20850 HAMMOCK GREENS LANE, #105
City-St-Zip: ESTERO, FL 33928 US

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

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: WALTER KUNZMANN

PD

04/15/2009

Electronic Signature of Signing Officer or Director

Date