


2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000006471		
1. Entity Name LOST HAMMOCK PROPERTY OWNER'S ASSOCIATION, INC.		
Principal Place of Business 398 FARLEYS CT VERO BEACH, FL 32968 US	Mailing Address 398 FARLEYS CT VERO BEACH, FL 32968 US	



01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0906570	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

REINHARD, SANDI
398 FARLEYS CT
VERO BEACH, FL 32968

**DO NOT WRITE
IN THIS SPACE**

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

Sandi Reinhard

(NOTE: Registered Agent signature required when reinstating)

1-4-07

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREWSTER, JEFF 360 FARLEYS CT VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REINHARD, SANDI 398 FARLEYS CT VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOPE, RICK 345 FARLEYS COURT VERO BEACH, FL 32968
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/10/07-80041-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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:

Sandi Reinhard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-07

Date

772-778-9329

Daytime Phone #