

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006471

FILED
Aug 21, 2009
Secretary of State

Entity Name: LOST HAMMOCK PROPERTY OWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

398 FARLEYS CT
VERO BEACH, FL 32968 US

New Principal Place of Business:

380 FARLEYS COURT
VERO BEACH, FL 32968 US

Current Mailing Address:

398 FARLEYS CT
VERO BEACH, FL 32968 US

New Mailing Address:

380 FARLEYS COURT
VERO BEACH, FL 32968 US

FEI Number: 65-0906570 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REINHARD, SANDI
398 FARLEYS CT
VERO BEACH, FL 32968 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: D () Delete
Name: REINHARD, SANDI
Address: 398 FARLEYS CT
City-St-Zip: VERO BEACH, FL 32968 US

Title: D () Delete
Name: LAMBERT, RON
Address: 365 FARLEY S CT.
City-St-Zip: VERO BEACH, FL 32968

Title: D () Delete
Name: HOPE, KAREN
Address: 345 FARLEYS CT
City-St-Zip: VERO BEACH, FL 32968

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TREA (X) Change () Addition
Name: O'CONNELL, DAVID
Address: 380 FARLEYS CT
City-St-Zip: VERO BEACH, FL 32968 US

Title: PRES (X) Change () Addition
Name: LAMBERT, RON
Address: 365 FARLEY S CT.
City-St-Zip: VERO BEACH, FL 32968

Title: VP (X) Change () Addition
Name: GAGE, DAN
Address: 320 FARLEYS CT
City-St-Zip: VERO BEACH, FL 32968

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: DAVID O'CONNELL

MR.

08/21/2009

Electronic Signature of Signing Officer or Director

Date