

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006969

FILED
Jan 18, 2008
Secretary of State

Entity Name: COLEE'S HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

C/O NATALIE LEVY
1421 SE 2ND COURT
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

C/O TERRI LYNN
1425 SE 2ND COURT
FT. LAUDERDALE, FL 33301

Current Mailing Address:

C/O NATALIE LEVY
1421 SE 2ND COURT
FT. LAUDERDALE, FL 33301

New Mailing Address:

TERRI LYNN
1425 SE 2ND COURT
FT. LAUDERDALE, FL 33301

FEI Number: 65-0883963

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, NATALIE
1421 SE 2ND COURT
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

LYNN, TERRI
1425 SE 2ND COURT
FT. LAUDERDALE, FL 33301 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: TERRI LYNN

01/18/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DST () Delete
Name: LEVY, NATALIE
Address: 1421 SE 2ND CT.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: DVP () Delete
Name: BARBE, CAROL
Address: 1427 SE 2ND CT.
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: DP () Delete
Name: LYNN, TERRI
Address: 1425 SE 2ND CT
City-St-Zip: FT. LAUDERDALE, FL 33301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: TERRI LYNN

DP

01/18/2008

Electronic Signature of Signing Officer or Director

Date