

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000006969

FILED  
Jan 09, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

C/O NATALIE LEVY  
1421 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:**

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

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

LEVY, NATALIE  
1421 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: NATALIE LEVY

01/09/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

Title: DP  
Name: PATRICK, GARIN  
Address: 1429 SE 2ND CT  
City-St-Zip: FT. LAUDERDALE, FL 33301

I hereby 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 all other like empowered.

SIGNATURE: NATALIE LEVY

DST

01/09/2010

Electronic Signature of Signing Officer or Director

Date