

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90062 016 ****61.25

DOCUMENT # N99000001594

1. Entity Name

**WOODS OF HAMMOCK PLACE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business

**2477 STICKNEY POINT ROAD, #118-A
SARASOTA FL 34231**

Mailing Address

**2477 STICKNEY POINT ROAD, #118-A
SARASOTA FL 34231**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-8964726

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ARGUS PROPERTY MANAGEMENT, INC.
2477 STICKNEY POINT ROAD, #118-A
SARASOTA FL 34231**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	WOOD, ROXANNE	
STREET ADDRESS	4907 21ST COURT EAST	
CITY - ST - ZIP	BRADENTON FL 34203	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BUTLER, MARIA	
STREET ADDRESS	4907-21ST WAY 2	
CITY - ST - ZIP	BRADENTON FL 34203	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ADDEN, KELLY	
STREET ADDRESS	2105 45TH AVE E	
CITY - ST - ZIP	BRADENTON FL 34203	
TITLE	P	<input type="checkbox"/> Delete
NAME	SCHULTZ, ROBERT	
STREET ADDRESS	2114 49TH AVE. EAST	
CITY - ST - ZIP	BRADENTON FL 34203	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAMMACK, DEBORAH	
STREET ADDRESS	2109 49TH AVE E	
CITY - ST - ZIP	BRADENTON FL 34203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	V. President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sara Herrera	
STREET ADDRESS	4920 21ST WAY E	
CITY - ST - ZIP	Bradenton, FL 34203	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wislly Fevrier	
STREET ADDRESS	4928 21ST WAY E	
CITY - ST - ZIP	Bradenton, FL 34203	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	Member At Large	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Roxanne Wood* *Roxanne Wood*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/07

Date

758-0340

Daytime Phone #