

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005839

FILED
Jan 07, 2009
Secretary of State

Entity Name: THE HAMMOCKS AT SAVANNA MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

C/O CASTLE MANAGEMENT INC
12270 SW 3RD STREET
PLANTATION, FL 33325

New Principal Place of Business:

Current Mailing Address:

C/O CASTLE GROUP
P.O. BOX 559009
FORT LAUDERDALE, FL 33355

New Mailing Address:

FEI Number: 65-0963846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAKALAR & EICHNER
150 SOUTH PINE ISLAND ROAD
#540
PLANTATION, FL 33324 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: PD () Delete
Name: WELLES, MARVIN
Address: 1846 ANDROMEDA LN
City-St-Zip: WESTON, FL 33327

Title: T () Delete
Name: BOYLE, JOHN
Address: 1972 ANDROMEDA LN
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: GERO, THOMAS
Address: 1888 ANDROMEDIA LN.
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: BOYLE, JAMES B
Address: 2059 BOREALIS
City-St-Zip: WESTON, FL 33327

Title: D () Delete
Name: HANDRAS, LEE
Address: 1822 ANDROMEDA LN
City-St-Zip: WESTON, FL 33327

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:

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: MINDA STRATTON

MGR

01/07/2009

Electronic Signature of Signing Officer or Director

Date