

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90072 030 ****61.25

DOCUMENT # N99000006692

1. Entity Name
**ESTATES OF HAMMOCK CREEK HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994**

Mailing Address
**1111 SE FEDERAL HWY
SUITE 100
STUART, FL 34994**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
65-0985539

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SHAWVER, C. F
1111 S.E. FEDERAL HIGHWAY, STE. 100
STUART, FL 34994**

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 reinstating)

DATE

**Filing 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 PD ☐ Delete
NAME REICHEL, DARLENE
STREET ADDRESS 2314 SW GOLDEN BEAR WAY
CITY-ST-ZIP PALM CITY, FL 34990

TITLE VPD ☐ Delete
NAME DIAZ, LIZ
STREET ADDRESS 5045 SW SAINT CREEK DR
CITY-ST-ZIP PALM CITY, FL 34990

TITLE SD ☐ Delete
NAME RICHARDS, WILLIAM
STREET ADDRESS 2231 SW MANELE PLACE
CITY-ST-ZIP PALM CITY, FL 34990

TITLE TD ☒ Delete
NAME EDMONDS, THOMAS
STREET ADDRESS 1916 SW WABEEK PLACE
CITY-ST-ZIP PALM CITY, FL 34990

TITLE D ☐ Delete
NAME DOMAGALA, JEAN
STREET ADDRESS 2229 SW DOVE CANYON WAY
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Change ☒ Addition
NAME DACEY, MICHAEL
STREET ADDRESS 4793 SW LONG BAY DRIVE
CITY-ST-ZIP PALM CITY, FL 34990

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Chapter 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:

Darlene Reichel, President 2/20/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

772-288-6790