

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006692

FILED
Apr 27, 2009
Secretary of State

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

Current Principal Place of Business:

543 NW LAKE WHITNEY PL #101
PORT SAINT LUCIE, FL 34986 US

New Principal Place of Business:

Current Mailing Address:

543 NW LAKE WHITNEY PL #101
PORT SAINT LUCIE, FL 34986 US

New Mailing Address:

FEI Number: 65-0985539

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUNDT, DIANE
543 NW LAKE WHITNEY PL #101
PORT SAINT LUCIE, FL 34986 US

Name and Address of New Registered Agent:

ROSS, DEBORAH L ESQ
759 SOUTH FEDERAL HIGHWAY
SUITE 212
STUART, FL 34994 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: DEBORAH L ROSS

04/27/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: WELLER, DAVE
Address: 4553 SW LONG BAY DR
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: APPELL, GERALD
Address: 2269 SW DOVE CANYON WAY
City-St-Zip: PALM CITY, FL 34990

Title: D () Delete
Name: JOHANSEN, IVAN
Address: 4521 SW LONG BAY DR
City-St-Zip: PALM CITY, FL 34990

Title: P () Delete
Name: DOMAGALA, JEAN
Address: 2229 SW DOVE CANYON WAY
City-St-Zip: PALM CITY, FL 34990

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LONG, JOE
Address: 4996 SW ST CREEK DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: VP (X) Change () Addition
Name: CALARCO, LARRY
Address: 5021 SW ST CREEK DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: P (X) Change () Addition
Name: DACEY, MIKE
Address: 4793 SW LONG BAY DRIVE
City-St-Zip: PALM CITY, FL 34990

Title: S () Change (X) Addition
Name: HEINEMANN, JENNIFER
Address: 5038 SW ST CREEK DRIVE
City-St-Zip: PALM CITY, FL 34990

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: MIKE DACEY

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date