2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2012
Secretary of State

DOCUMENT# N99000006692

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:

ROSS, DEBORAH L ESQ
789 SOUTH FEDERAL HIGHWAY
SUITE 101
STUART, FL 34994 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: T
Name: WELLER, DAVE
Address: 543 NW LAKE WHITNEY PL STE 101
City-St-Zip: PORT ST LUCIE, FL 34986

Title: P
Name: CIAMPI, ED
Address: 543 NW LAKE WHITNEY PL STE 101
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VP
Name: MIELBYE, RICHARD
Address: 543 NW LAKE WHITNEY PL STE 101
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D
Name: DACEY, MIKE
Address: 543 NW LAKE WHITNEY PL STE 101
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S
Name: DECESARE, FRANK
Address: 543 NW LAKE WHITNEY PL STE 101
City-St-Zip: PORT ST LUCIE, FL 34986

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: ED CIAMPI PRES 03/08/2012
Electronic Signature of Signing Officer or Director Date