


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90175 030 \*\*\*\*61.25

<b>DOCUMENT # N99000006958</b> 1. Entity Name HAMMOCKS HOA, INC.			
Principal Place of Business 2147-G PORTER LAKE DR. SARASOTA, FL 34240		Mailing Address 2147-G PORTER LAKE DR. SARASOTA, FL 34240	
2. Principal Place of Business Suite, Apt. # <b>LIGHTHOUSE</b> <b>MANAGEMENT &amp; REALTY</b> 16 CHURCH ST. OSPREY, FL 34229		3. Mailing Address Suite, Apt. # <b>LIGHTHOUSE</b> <b>MANAGEMENT &amp; REALTY</b> 16 CHURCH ST. OSPREY, FL 34229	
City & State OSPREY, FL 34229		City & State OSPREY, FL 34229	
Zip <b>34229</b>		Country <b>US</b>	
4. FEI Number <b>65-0901097</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SPRINGER, BILLY B</b> <b>HAMMOCKS ASSOC.</b> <b>16 CHURCH ST.</b> <b>OSPREY, FL 34229</b>		7. Name and Address of New Registered Agent Name <b>Emanuel Lauria</b> Street Address (P.O. Box Number is Not Acceptable) <b>LIGHTHOUSE</b> <b>MANAGEMENT &amp; REALTY</b> 16 CHURCH ST. City <b>OSPREY, FL 34229</b>	
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 <b>Emanuel Lauria</b> <b>Emanuel Lauria, Treasurer</b> <b>4/18/06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE PD NAME SPRINGER, BILLY B STREET ADDRESS 2147-G PORTER LAKE DR. CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete	TITLE PD NAME NANCY SPINKS STREET ADDRESS 7812 CREST HAMMOCK WAY CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Addition
TITLE STD NAME FAUSTER, BENADETTE STREET ADDRESS 2147-G PORTER LAKE DR CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete	TITLE VPD NAME VINCENT MCSHANE STREET ADDRESS 7969 MEGAN HAMMOCK WAY CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Addition
TITLE D NAME MEDRED, ROBERT J STREET ADDRESS 2147-G PORTER LAKE DRIVE CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Delete	TITLE TD NAME EMANUEL LAURIA STREET ADDRESS 3762 EAGLE HAMMOCK DRIVE CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE SD NAME GLORIA WEBEL STREET ADDRESS 7965 MEGAN HAMMOCK WAY CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE D NAME ADAM SCHILDKRAUT STREET ADDRESS 3767 EAGLE HAMMOCK DRIVE CITY-ST-ZIP SARASOTA, FL 34240	<input checked="" type="checkbox"/> Addition
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: <b>Emanuel Lauria</b> <b>Emanuel Lauria, Treasurer</b> <b>4/18/06</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/18/06</b> Daytime Phone # <b>941-379 5279</b>	