## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N99000007197

FILED Apr 15, 2009 Secretary of State

Entity Name: HAMMOCK ISLE AT BONITA BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:						New Principal Place of Business:				
8910 TERR	EZE MGMT, S ENE CT STE PRINGS, FL 3	E 200	OF SW FL, LI US	LC		%GULF BR 8910 TERR BONITA SP	ENE CT S	TE 200	, OF SW FL, LLC US	
Current Mailing Address:						New Mailing Address:				
8910 TERR	EZE MGMT, S ENE CT STE PRINGS, FL 3	200	OF SW FL, LI US	LC		%GULF BR 8910 TERR BONITA SP	ENE CT S	TE 200	, OF SW FL, LLC US	
FEI Number: (	65-0967593	FEI Nu	mber Applied I	For ( )	FEI Num	ber Not Appli	cable ( )	Certifica	ate of Status Desired ( )	
Name and	Address of C	Surrent l	Registered <i>F</i>	Agent:		Name and	Address o	of New Reg	jistered Agent:	
WEIDNER, RALPH L GULF BREEZE MGMT SRVS, OF SW FL, LLC 8910 TERRENE CT STE 200 BONITA SPRINGS, FL 34135 US  The above named entity submits this statement for the purpose of in the State of Florida.						WEIDNER, RALPH L %GULF BREEZE MGMT SVCS, OF SW FL, LLC 8910 TERRENE CT STE 200 BONITA SPRINGS, FL 34135 US of changing its registered office or registered agent, or both,				
									MME/2000	
SIGNATURE: Electronic Signature of Registered Agent						04/15/2009 Date				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address: City-St-Zip:	D ( ) JENSEN, WAY 26021 HAMMO BONITA SPRIN	CK ISLE				Title: Name: Address: City-St-Zip:		( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	PD ( JOHNSON, GE 26000 HAMMO BONITA SPRIN	OK ISLE				Title: Name: Address: City-St-Zip:			COURT., #101	
Title: Name: Address: City-St-Zip:	D ( SEGER, RAND 26011 HAMMO BONITA SPRIN	CK ISLE				Title: Name: Address: City-St-Zip:			COURT, #201	
Title: Name: Address: City-St-Zip:	VD ( SNYDER, MICH 26011 HAMMO BONITA SPRIN	CK ISLE				Title: Name: Address: City-St-Zip:			COURT, #101	
Title: Name: Address: City-St-Zip:	STD ( RAMSDEN, RIO 26001 HAMOC BONITA SPRIN	K ISLE CT				Title: Name: Address: City-St-Zip:		() Change	( ) Addition	

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: GENE H. JOHNSON PRES 04/15/2009