


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90002 014 ****61.25

DOCUMENT # N93000000881

1. Entity Name
HAMMOCK POINTE UTILITY ASSOCIATION, INC.




Principal Place of Business
**2884 S. OSCEOLA AVE.
 ORLANDO, FL 32806**

Mailing Address
**2884 S. OSCEOLA AVE.
 ORLANDO, FL 32806**

2. Principal Place of Business - No P.O. Box #
clo World of Homes
 Suite, Apt. #, etc.
2884 S. Osceola Avenue
 City & State
Orlando, FL
 Zip
32806 Country
USA

3. Mailing Address
clo World of Homes
 Suite, Apt. #, etc.
2884 S. Osceola Avenue
 City & State
Orlando, FL
 Zip
32806 Country
USA



01072008 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3215043 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, VICKI
2884 S OSCEOLA AVE
ORLANDO, FL 32806

7. Name and Address of New Registered Agent

Name _____
 Street _____
 City _____ State Code **FL**

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 _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

Filing Fee is \$61.25 Due by May 1, 2008

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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DP	RIES, PETER	5229 HAMMOCK CIRCLE	SAINT CLOUD, FL 34771	<input type="checkbox"/>
VD	LUKSTEN, PETE	5253 HAMMOCK CIRCLE	SAINT CLOUD, FL 34771	<input checked="" type="checkbox"/>
STD	WOLF, GREG	5266 HAMMOCK CIRCLE	SAINT CLOUD, FL 34771	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
VD	LUKSTEN, Pete	5253 Hammock Circle	SAINT CLOUD, FL 34771	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: _____ **02-04-08**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #