

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000881

FILED
Feb 13, 2009
Secretary of State

Entity Name: HAMMOCK POINTE UTILITY ASSOCIATION, INC.

Current Principal Place of Business:

C/O WORLD OF HOMES
2884 S OSCEOLA AVE
ORLANDO, FL 32806

New Principal Place of Business:

Current Mailing Address:

YC/O WORLD OF HOMES
2884 S OSCEOLA AVE
ORLANDO, FL 32806

New Mailing Address:

FEI Number: 59-3215043 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIAZ, VICKI
2884 S OSCEOLA AVE
ORLANDO, FL 32806 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: VD () Delete
Name: LUKSTEID, PETE
Address: 5253 HAMMOCK CIR
City-St-Zip: SAINT CLOUD, FL 34771

Title: STD () Delete
Name: WOLF, GREG
Address: 5266 HAMMOCK CIRCLE
City-St-Zip: SAINT CLOUD, FL 34771

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: REIS, PETE
Address: 5229 HAMMOCK CR.
City-St-Zip: SAINT CLOUD, FL 34771

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

Title: VD () Change (X) Addition
Name: LUKSTEID, PETE
Address: 5253 HAMMOCK CR..
City-St-Zip: SAINT CLOUD, FL 34771

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: GWYN LLANA

MGR.

02/13/2009

Electronic Signature of Signing Officer or Director

_____ Date