

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000881

FILED  
Feb 12, 2010  
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: PD  
Name: REIS, PETE  
Address: 2884 SO OSCEOLA AV  
City-St-Zip: ORLANDO, FL 32806

Title: STD  
Name: WOLF, GREG  
Address: 2884 SO OSCEOLA AV  
City-St-Zip: ORLANDO, FL 32806

Title: VD  
Name: LUKSTEID, PETE  
Address: 2884 SO OSCEOLA AV  
City-St-Zip: ORLANDO, FL 32806

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: NANCY NORDYKE-SHELLEY, LCAM AS AGENT FOR

LCAM

02/12/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date