

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 16 AM 10:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N05661

(6)

1. Corporation Name

HAMMOCK DE GALVEZ HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

% GRAY, PAUL R.
1708 ST. MARY'S BAY DRIVE
MILTON FL 32583

% GRAY, PAUL R.
1708 ST. MARY'S BAY DRIVE
MILTON FL 32583

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1984

3a. Date of Last Report

05/01/1994

4. FBI Number

59-2891945

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

10. Name and Address of New Registered Agent

GRAY, PAUL R.
1708 ST. MARY'S BAY DRIVE
MILTON FL 32570

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GRAY, PAUL R.
STREET ADDRESS	1708 ST. MARY'S BAY DR.
CITY-ST-ZIP	MILTON FL
TITLE	VD
NAME	COKER, DENTON R.
STREET ADDRESS	1720 ST. MARY'S BAY DR.
CITY-ST-ZIP	MILTON FL
TITLE	STD
NAME	GRAY, LUCY M.
STREET ADDRESS	1708 ST. MARY'S BAY DR.
CITY-ST-ZIP	MILTON FL
TITLE	D
NAME	COKER, OCTAVIA
STREET ADDRESS	1720 ST. MARY'S BAY DR.
CITY-ST-ZIP	MILTON FL
TITLE	D
NAME	SELLERS, CHARLOTTE
STREET ADDRESS	1716 ST MARY'S BAY DR.
CITY-ST-ZIP	MILTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Paul R. Gray (Paul R. Gray)

3/3/95

(Gray) 623-5732

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone