


FILE NOW: FILING FEE IS \$61.25

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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N93000003498 (3)</b> 1. Corporation Name <b>HAMMOCK TRACE DISTRICT ASSOCIATION, INC.</b>			
Principal Place of Business <b>7380 MURRELL RD SUITE 201 MELBOURNE FL 32940</b>		Mailing Address <b>7380 MURRELL RD SUITE 201 MELBOURNE FL 32940-7947</b>	
2. Principal Place of Business <b>21 7047 HAMMOCK TRACE DR</b> Suite, Apt. #, etc.		2a. Mailing Address <b>26 P.O. BOX 410681</b> Suite, Apt. #, etc.	
22 City & State <b>23 MELBOURNE, FL.</b> Zip <b>32940</b> Country <b>25 BREUARD</b>		27 City & State <b>28 MELBOURNE, FL.</b> Zip <b>32941-0681</b> Country <b>30 BREUARD</b>	
9. Name and Address of Current Registered Agent <b>BLAKE, R M 7380 MURRELL RD SUITE 201 MELBOURNE FL 32940</b>		10. Name and Address of New Registered Agent <b>81 Name RITA M. PETRONI</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 3420 N. HARBOR CITY BLVD.</b> <b>83</b> <b>84 City MELBOURNE FL 85 Zip Code 32935</b>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE <i>Rita M. Petroni</i> <b>RITA M. PETRONI</b> <b>1/22/97</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	
NAME	BLAKE, MASON R		
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201		
CITY-ST-ZIP	VIERA FL		
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	
NAME	DECATOR, JAY		
STREET ADDRESS	7380 MURRELL RD SUITE 201		
CITY-ST-ZIP	VIERA FL		
TITLE	S	<input checked="" type="checkbox"/> DELETE	
NAME	MILLER, SCOTT		
STREET ADDRESS	7380 MURRELL RD SUITE 201		
CITY-ST-ZIP	VIERA FL		
TITLE	TD	<input checked="" type="checkbox"/> DELETE	
NAME	MARTELL, PAUL		
STREET ADDRESS	7380 MURRELL RD SUITE 201		
CITY-ST-ZIP	VIERA FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	WOODDELL, EDWARD		
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201		
CITY-ST-ZIP	VIERA FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	MARROTTE, ROBERT		
STREET ADDRESS	7380 MURRELL ROAD, SUITE 201		
CITY-ST-ZIP	VIERA FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	ROBERT MARLOTTE		
1.3 STREET ADDRESS	7090 RED BAY CT		
1.4 CITY-ST-ZIP	MELBOURNE, FL 32940		
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME	JEFFREY BOSCH		
2.3 STREET ADDRESS	8017 BRACKEN LANE		
2.4 CITY-ST-ZIP	MELBOURNE, FL 32940		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME	KIMBERLY KENNEDY		
3.3 STREET ADDRESS	6985 HAMMOCK TRACE DR		
3.4 CITY-ST-ZIP	MELBOURNE, FL 32940		
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME	WILLIAM BUSHLINGER		
4.3 STREET ADDRESS	1729 MORNING GLORY DR.		
4.4 CITY-ST-ZIP	MELBOURNE, FL 32940		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME	PAUL VACCARO		
5.3 STREET ADDRESS	7018 HAMMOCK TRACE DR.		
5.4 CITY-ST-ZIP	MELBOURNE, FL 32940		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 <i>Robert M. Marlotte</i> <b>ROBERT MARLOTTE</b> <b>1-22-97</b> <b>407-752-6203</b> Signature and typed or printed name of signing officer or director Date Daytime Phone # 0010051			



CR2E037 (9/96)