


FILE NOW: FILING FEE IS \$61.25

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Feb 09 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000003498 (3)**  
1. Corporation Name  
**HAMMOCK TRACE DISTRICT ASSOCIATION, INC.**



Principal Place of Business <b>7047 HAMMOCK TRACE DR MELBOURNE FL 32940</b>	Mailing Address <b>P.O. BOX 410681 MELBOURNE FL 32941-0681</b>
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3. Date incorporated or Qualified <b>07/30/1993</b>	
4. FEI Number <b>59-3199602</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>PETRONI, RITA M 3420 N. HARBOR CITY BLVD. MELBOURNE FL 32935</b>	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	<b>FL</b> 85 Zip Code

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
	<b>FL</b> 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>PD</b>	<input checked="" type="checkbox"/>
NAME	<b>MAROTTE, ROBERT</b>	
STREET ADDRESS	<b>7090 RED BAY CT</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>VPD</b>	<input checked="" type="checkbox"/>
NAME	<b>BOSCH, JEFFREY</b>	
STREET ADDRESS	<b>8017 BRACKEN LANE</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>SD</b>	<input type="checkbox"/>
NAME	<b>KIMBERLY, KENNEDY</b>	
STREET ADDRESS	<b>6985 HAMMOCK TRACE DR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>TD</b>	<input type="checkbox"/>
NAME	<b>BUSHLINGER, WILLIAM</b>	
STREET ADDRESS	<b>1729 MORNING GLORY DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>D</b>	<input type="checkbox"/>
NAME	<b>VACCARO, PAUL</b>	
STREET ADDRESS	<b>7018 HAMMOCK TRACE DR.</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>WILLIAM BUSHLINGER</b>		
1.3 STREET ADDRESS	<b>1729 MORNING GLORY</b>		
1.4 CITY-ST-ZIP	<b>MELBOURNE, FL. 32940</b>		
2.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>VACCARO, PAUL</b>		
2.3 STREET ADDRESS	<b>7018 HAMMOCK TRACE DR</b>		
2.4 CITY-ST-ZIP	<b>MELBOURNE, FL. 32940</b>		
3.1 TITLE	<b>VP-D</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	<b>KENNEDY, KIMBERLY</b>		
3.3 STREET ADDRESS	<b>6985 HAMMOCK TRACE DR.</b>		
3.4 CITY-ST-ZIP	<b>MELBOURNE, FL. 32940</b>		
4.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	<b>ERIC S. LOCKSHINE</b>		
4.3 STREET ADDRESS	<b>8003 BRACKEN LANE</b>		
4.4 CITY-ST-ZIP	<b>MELBOURNE, FL. 32940</b>		
5.1 TITLE	<b>D</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	<b>JERRY DELANEY</b>		
5.3 STREET ADDRESS	<b>8030 BRACKENLANE</b>		
5.4 CITY-ST-ZIP	<b>MELBOURNE, FL. 32940</b>		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: *William Bushlinger* Feb 30 1998 (407)242-1027

CR2E037 (10/97)