NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # N93000003498

HAMMOCK TRACE DISTRICT ASSOCIATION, INC.

Principal Place of Business 7047 HAMMOCK TRACE DR MELBOURNE FL 32940

2. Principal Place of Business

Mailing Address

2a. Mailing Address

P.O. BOX 410681 MELBOURNE FL 32941-0681

FILED Mar 11, 1999 8:00 am § Secretary of State

03-11-1999 90182 006 ****61.25

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3. Date Incorporated or Qualifed

07/30/1993

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City & State 5. Certifcate of Status Desired Fee R Zip Country Zip Country 6. Election Campaign Financing Trust Fund Contribution Added 9. Name and Address of Current Registered Agent 81 Name PETRONI, RITA M 82 Street Address (P.O. Box Number is Not Acceptable)	ot Applicable Additional * dequired May Be to Fees				
City & State City & State 28 Zip Country Zip Country Zip Country 29 30 Country 6. Election Campaign Financing Trust Fund Contribution Added 9. Name and Address of Current Registered Agent 81 Name PETRONI, RITA M 82 Street Address (P.O. Box Number is Not Acceptable)	May Be to Fees				
23	May Be to Fees				
Zip Country Zip Country 6. Election Campaign Financing \$5.00 24 25 29 30 Trust Fund Contribution Added 9. Name and Address of Current Registered Agent 81 Name PETRONI, RITA M 82 Street Address (P.O. Box Number is Not Acceptable)	to Fees				
24 25 29 30 Trust Fund Contribution Added 9. Name and Address of Current Registered Agent 81 Name PETRONI, RITA M 82 Street Address (P.O. Box Number is Not Acceptable)	to Fees				
9. Name and Address of Current Registered Agent 81 Name PETRONI, RITA M 82 Street Address (P.O. Box Number is Not Acceptable)	Code				
PETRONI, RITA M 82 Street Address (P.O. Box Number is Not Acceptable)	Code				
	Codo				
	Code				
	Cada				
3420 N. HARBOR CITY BLVD.	Code				
MELBOURNE FL 32935	Code !				
FL 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 Streeture typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Signature, typed or printed name or registered agent and use is applicable. (ICCL. registered agent and use is applicable.					
TE. OTTOERO ARO BIRCOTORO					
FD					
NAME BUSLINGER, WILLIAM 12 NAME Eric Locksnine					
STREET ADDRESS 1729 MORNING GLORY 1.3 STREET ADDRESS 8003 Brackes, Lane					
CITY-ST-ZIP MELBOURNE FL 32940 14 CITY-ST-ZIP Melbourne, FL 32940					
TITLE D DELETE 2.1 TITLE Change	☐ Addition				
NAME VACCARO, PAUL 22 NAME					
STREET ADDRESS 7018 HAMMOCK TRACE DR 2.3 STREET ADDRESS					
CITY-ST-ZIP MELBOURNE FL 32940 2.4 CITY-ST-ZIP					
TITLE VPD X DELETE 3.1 TITLE VPD	Addition				
NAME KIMBERLY, KENNEDY STREET ADDRESS 6985 HAMMOCK TRACE DR 32 NAME Jerry Dulaney 8030 Bracken Lane					
STREET ADDRESS 6985 HAMMOCK TRACE DR 33 STREET ADDRESS 8030 Bracken Lane					
CITY-ST-ZIP MELBOURNE FL 32940 34.CITY-ST-ZIP Melbourne, FL 32940					
TILE TD BUSLINGER, DELETE 4.1 TILE Change	Addition				
NAME BUSININGER, WILLIAM 4.2 NAME	, ,				
STREET ADDRESS 1729 MORNING GLORY DR. 4.3 STREET ADDRESS	<u> </u>				
CITY-ST-ZIP MELBOURNE FL 32940 44CITY-ST-ZIP					
TITLE D SI DELETE 5.1 TITLE SD Change	Addition				
VACCADO BALLI					
STOREST ADDRESS 7018 HAMMOCK TRACE DR 53 STREET ADDRESS 1731 Morning Glory Drive	ļ				
MATINGUISHE EL AGOLO					
TITLE DT MELBOURNE FL 32940 ACCURATE ACCUR	☐ Addition				
	1				
LUCKSHINE, ERIC 5	_				
STREET ADDRESS OUGS DIMONEIT LAINE	.				
CITY-ST-ZIP MELBOURNE FL 32940 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, with all other like empowered.

March 8, 1999 (407)242-1027