

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 19, 2001 8:00 am  
Secretary of State

02-19-2001 90069 003 \*\*\*\*61.25

DOCUMENT # N93000003498

1. Entity Name

HAMMOCK TRACE DISTRICT ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7047 HAMMOCK TRACE DR  
MELBOURNE FL 32940

P.O. BOX 410681  
MELBOURNE FL 32941-0681

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3199602

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETRONI, RITA M  
3410 N. HARBOR CITY BLVD.  
MELBOURNE FL 32935

Name Paul Vaccaro

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

7018 HAMMOCK TRACE DR.  
MELBOURNE

City.

FL

Zip Code

32940

8. 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

Paul W. Vaccaro

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	LOCKSHINE, ERIC	<input checked="" type="checkbox"/> Delete
NAME		8003 BRACKEN LANE	
STREET ADDRESS		MELBOURNE FL 32940	
CITY-ST-ZIP			
TITLE	PD	VACCARO, PAUL	<input type="checkbox"/> Delete
NAME		7018 HAMMOCK TRACE DR	
STREET ADDRESS		MELBOURNE FL 32940	
CITY-ST-ZIP			
TITLE	VPD	GERTNER, BARRY	<input checked="" type="checkbox"/> Delete
NAME		8030 BRACKEN LANE	
STREET ADDRESS		MELBOURNE FL 32940	
CITY-ST-ZIP			
TITLE	TD	DAVIS, WILLIAM B	<input checked="" type="checkbox"/> Delete
NAME		1729 MORNING GLORY DR.	
STREET ADDRESS		MELBOURNE FL 32940	
CITY-ST-ZIP			
TITLE	SD	ALLEN, MARGARET	<input checked="" type="checkbox"/> Delete
NAME		1731 MORNING GLORY DRIVE	
STREET ADDRESS		MELBOURNE FL 32940	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DVP	MONICA BOYD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6983 HAMMOCK TRACE DR.	
STREET ADDRESS		MELBOURNE, FL. 32940	
CITY-ST-ZIP			
TITLE	DT	LOIS MARRA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6984 HAMMOCK TRACE DR.	
STREET ADDRESS		MELBOURNE, FL. 32940	
CITY-ST-ZIP			
TITLE	DS	MICHELE FOYNIER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6973 HAMMOCK TRACE DR.	
STREET ADDRESS		MELBOURNE, FL. 32940	
CITY-ST-ZIP			
TITLE	D	LINDA KRAGER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6960 HAMMOCK TRACE DR.	
STREET ADDRESS		MELBOURNE, FL. 32940	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul W. Vaccaro

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)