

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90069 014 \*\*\*\*61.25

0070376

**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

4. FEI Number

**59-3199602**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VACCARO, PAUL  
 7018 HAMMER TRACE DR  
 MELBOURNE FL 32-9409**

Name **MICHELE FOURNIER**

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

**6973 HAMMOCK TR. DR.**

City **MELBOURNE**

**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

*Michelle A. Fournier*

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

(NOTE: Registered Agent signature required when reinstating)

**3/11/02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BOYD, MONICA</b>	
STREET ADDRESS	<b>6983 HAMMOCK TRACE DR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VACCARO, PAUL</b>	
STREET ADDRESS	<b>7018 HAMMOCK TRACE DR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>MARRA, LOIS</b>	
STREET ADDRESS	<b>6984 HAMMOCK TRACE DR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>DS</b>	<input type="checkbox"/> Delete
NAME	<b>FOYNIER, MICHELLE</b>	
STREET ADDRESS	<b>6973 HAMMOCK TRACE DR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KRAGER, LINDA</b>	
STREET ADDRESS	<b>6980 HAMMOCK TRACE DR</b>	
CITY-ST-ZIP	<b>MELBOURNE FL 32940</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DVP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DTS</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOURNIER</b>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>DP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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; 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:

*Michelle A. Fournier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/11/02**

Date

**321-259-7041**

Daytime Phone #

CFR2E037 (9/01)