

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90238 025 ****61.25

C0008226



DO NOT WRITE IN THIS SPACE

DOCUMENT # N94000002499

1. Entity Name

HAMMOCK CREEK MASTER HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

**2350 SOUTH CONGRESS AVE.
 DELRAY BEACH FL 33445**

**2350 SOUTH CONGRESS AVE.
 DELRAY BEACH FL 33445-7311**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0584144

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

**ELMORE, GEORGE T
 2350 SO CONGRES AVE.
 DELRAY BEACH FL 33445**

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

Signature, typed or printed name of registered agent and 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO ELMORE, GEORGE T 2350 S. CONGRESS AVENUE DELRAY BEACH FL 33445-7398	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHAEFER, CONRAD W 4152 W. BLUE HERON BLVD., SUITE 128 RIVIERA BEACH FL 33404	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FAGAN, GREGORY J 4152 W. BLUE HERON BLVD., SUITE 128 RIVIERA BEACH FL 33404	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, DOUG 2350 S CONGRESS AV DELRAY BEACH FL 33455-7398	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

George T. Elmore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-1-00 (561)-278-0456
 Date Daytime Phone #

CR2E037 (9/99)