

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90035 023 ****61.25

DOCUMENT # N94000002499

1. Entity Name

HAMMOCK CREEK MASTER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2101 S. CONGRESS AVE
DELRAY BEACH FL 33445

Mailing Address

2101 S. CONGRESS AVE
DELRAY BEACH FL 33445

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

65-0584144

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

ELMORE, GEORGE T
2101 S. CONGRESS AVE
DELRAY BEACH FL 33445

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **ELMORE, GEORGE T**
STREET ADDRESS **2101 S. CONGRESS AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445-7398**

TITLE VPD ☐ Delete
NAME **SCHAEFER, CONRAD W**
STREET ADDRESS **4152 W. BLUE HERON BLVD., SUITE 128**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE STD ☐ Delete
NAME **FAGAN, GREGORY J**
STREET ADDRESS **4152 W. BLUE HERON BLVD., SUITE 128**
CITY-ST-ZIP **RIVIERA BEACH FL 33404**

TITLE D ☐ Delete
NAME **GORDON, DOUG**
STREET ADDRESS **2101 S. CONGRESS AVE**
CITY-ST-ZIP **DELRAY BEACH FL 33445-7398**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-3-04