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CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:17

DOCUMENT # N40108 (5)

1. Corporation Name
THE HAMMOCKS HOMEOWNERS' ASSOCIATION OF PALM HARBOR, INC.

Principal Place of Business	Mailing Address
457 HAMMOCK DRIVE P. O. BOX 1694 PALM HARBOR FL 34683	457 HAMMOCK DRIVE P. O. BOX 1694 PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1990
3a. Date of Last Report: 03/17/1994
4. FEI Number: 59-3015403 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 33920 US 19 NORTH	26 PO Box 1694
22 Suite, Apt. #, etc. STE 134	27 Suite, Apt. #, etc.
23 City & State PALM HARBOR FL	28 City & State PALM HARBOR FL
24 Zip 34684 25 Country FINLAND	29 Zip 34682 30 Country FINLAND

9. Name and Address of Current Registered Agent

FREIDINGER TED L.
33920 US 19 NORTH
STE. 134
PALM HARBOR FL 34684

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P ☒ Change ☐ Addition
NAME	VANDERLAAN, ROBERT	1.2 NAME	FREIDINGER, TED
STREET ADDRESS	1683 SPOTTS WOOD CIR.	1.3 STREET ADDRESS	1688 SPOTTSWOOD CIR
CITY-ST-ZIP	PALM HARBOR FL	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	VPD	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	HOYT, DAVE	2.2 NAME	HUGUS, BRAD
STREET ADDRESS	577 HAMMOCK DR.	2.3 STREET ADDRESS	1603 SPOTTSWOOD CIR
CITY-ST-ZIP	PALM HARBOR FL	2.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	SD	3.1 TITLE	S ☒ Change ☒ Addition
NAME	PARKER, INA	3.2 NAME	MIKE LANDI
STREET ADDRESS	237 FOXCROFT DR. EAST	3.3 STREET ADDRESS	102 FOXCROFT WEST
CITY-ST-ZIP	PALM HARBOR FL	3.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	TD	4.1 TITLE	T ☐ Change ☒ Addition
NAME	FREIDINGER, TED	4.2 NAME	STEPHEN SHROE
STREET ADDRESS	1688 SPOTTSWOOD CIR	4.3 STREET ADDRESS	357 FOXCROFT EAST
CITY-ST-ZIP	PALM HARBOR FL	4.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	JARRELL, TOM	5.2 NAME	
STREET ADDRESS	234 FOXCROFT DR. W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HUGUS, BRAD	6.2 NAME	
STREET ADDRESS	1603 SPOTTSWOOD CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Ted Freidinger TED FREIDINGER 1/24/95 (813) 784-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0068170