FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:55

DOCUMENT # 759987 (1)

1. Corporation Name

HAMMOCK PINE VILLAGE I ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~28163 U.S. 19 N.~~ ~~SUITE 202~~ ~~CLEARWATER FL 34621~~	~~28163 U.S. 19 N.~~ ~~SUITE 202~~ ~~CLEARWATER FL 34621~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/11/1981
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-2110433 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 2430 ESTANCIA BLVD.	2a. Mailing Address 26 2430 ESTANCIA BLVD.
Suite, Apt. #, etc. 22 SUITE #114	Suite, Apt. #, etc. 27 SUITE #114
City & State 23 CLEARWATER, FL	City & State 28 CLEARWATER, FL
Zip / Country 24 34621 / 25 PINELLAS	Zip / Country 29 34621 / 30 PINELLAS

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

9. Name and Address of Current Registered Agent

FLORIDA CENTRAL MANAGEMENT INC
28163 US 19 N
SUITE 202
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name: FLORIDA CENTRAL MANAGEMENT, INC.
82 Street Address (P.O. Box Number is Not Acceptable): 2430 ESTANCIA BLVD.
83: SUITE#114
84 City: CLEARWATER **FL** 85 Zip Code: 34621

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: _____ Robert A. Monek V.P. 3/23/95 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	DP	11 TITLE	DP	☒ Change ☐ Addition
NAME	MONTEVAGO, ANTHONY	12 NAME	TENUTA, SAM	
STREET ADDRESS	2602 HAMMOCK CT.	13 STREET ADDRESS	2013 HAMMOCK PINE BLVD.	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	CLEARWATER, FL. 34621	
TITLE	DS	21 TITLE	DS	☒ Change ☐ Addition
NAME	LACRAMPE, FRAN	22 NAME	SOUCIE, HOWARD	
STREET ADDRESS	2955 LAURET CT.	23 STREET ADDRESS	2314 HAMMOCK PINE BLVD.	
CITY-ST-ZIP	PALM HARBOR FL	24 CITY-ST-ZIP	CLEARWATER, FL. 34621	
TITLE	TD	31 TITLE	TD	☒ Change ☐ Addition
NAME	STEVES, WILLIAM	32 NAME	SILVERSTEIN, JERRY	
STREET ADDRESS	2002 HAMMOCK PINE BLVD.	33 STREET ADDRESS	2408 HAMMOCK PINE BLVD.	
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	CLEARWATER, FL. 34621	
TITLE	DVP	41 TITLE	DVP	☒ Change ☐ Addition
NAME	SURICK, HERMAN	42 NAME	EMRICH, ANTHONY	
STREET ADDRESS	2208 HAMMOCK PINE BLVD.	43 STREET ADDRESS	2202 HAMMOCK PINE BLVD.	
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	CLEARWATER, FL. 34621	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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: Sam Tenuta Sam Tenuta 3-23-95 725-2224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Pres.

001407