

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N32917 (9)**

1. Corporation Name

**THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.**



Principal Place of Business

Mailing Address

1837 WRIGHT DRIVE  
DAYTONA BEACH FL 32124

1837 WRIGHT DRIVE  
DAYTONA BEACH FL 32124

3. Date Incorporated or Qualified  
**06/21/1989**

3a. Date of Last Report  
**01/20/1995**

21 2. Principal Place of Business  
**2180 WEST SR 434**

2a. Mailing Address  
**2180 WEST SR 434**

4. FEI Number  
**59-2983444**

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
**5000**

Suite, Apt. #, etc.  
**5000**

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

23 City & State  
**LONGWOOD FL**

27 City & State  
**LONGWOOD FL**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

24 Zip  
**32779**

25 Country  
**USA**

29 Zip  
**32779**

30 Country  
**USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**NICOLETT, DANIEL  
1837 WRIGHT DRIVE  
DAYTONA BEACH FL 32124**

81 Name  
**JAMES W HART JR**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**SENTRY MANAGEMENT INC**  
83  
**2180 WEST SR 434 SUITE 5000**  
84 City  
**LONGWOOD** FL 85 Zip Code  
**32779**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

*Agent*  
2/26/96

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	PVST	<input checked="" type="checkbox"/> DELETE
NAME	NICOLETTI, DANIEL R.	
STREET ADDRESS	1837 WRIGHT DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NICOLETTI, DANIEL R.	
STREET ADDRESS	1837 WRIGHT DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL 32124	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEPHAN, REINHARD G ESQUIRE	
STREET ADDRESS	2699 LEE RD., SUITE 540	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QUAID, RICHARD	
STREET ADDRESS	2699 LEE RD., SUITE 540	
CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LOMBARDY, LEE	
1.3 STREET ADDRESS	1019 FEATHERSTONE CR	
1.4 CITY-ST-ZIP	OCOE FL 34761	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VAN DER BAARS, CHRIS	
2.3 STREET ADDRESS	817 ROSEMONT CT	
2.4 CITY-ST-ZIP	OCOE FL 34761	
3.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VERELLA, MIKE	
3.3 STREET ADDRESS	1002 GINER SPICE LANE	
3.4 CITY-ST-ZIP	OCOE FL 34761	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Chris Van Derbaars*  
**CHRIS VAN DERBAARS**

3/17/96 407-541-8524  
Date Daytime Phone

CR2E037 (12/95)