

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

1837 WRIGHT DRIVE
DAYTONA BEACH FL 32124

Mailing Address

1837 WRIGHT DRIVE
DAYTONA BEACH FL 32124



3. Date Incorporated or Qualified

06/21/1989

3a. Date of Last Report

01/20/1995

4. FEI Number

59-2983444

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☒ No

10. Name and Address of New Registered Agent

9. Name and Address of Current 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 reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD	LOMBARDY, LEE	1019 FEATHERSTONE CR	OCOE FL 34761	<input type="checkbox"/>
VD	VAN DER BAARS, CHRIS	817 ROSEMONT CT	OCOE FL 34761	<input type="checkbox"/>
STD	VERELLA, MIKE	1002 GINER SPICE LANE	OCOE FL 34761	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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

3/17/96 407-541-8524

CR2E037 (12/95)