

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 2180 WEST SR 434, 5000, LONGWOOD FL 32779, US
Mailing Address: 2180 WEST SR 434, 5000, LONGWOOD FL 32779-5044, US

2. Principal Place of Business (21), Suite, Apt. #, etc. (22), City & State (23), Zip (24), Country (25)
2a. Mailing Address (26), Suite, Apt. #, etc. (27), City & State (28), Zip (29), Country (30)

3. Date Incorporated or Qualified: 06/21/1989
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-2983444
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

9. Name and Address of Current Registered Agent
HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

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 as of the date of filing) (NOT: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DANA PONITA	
4.3 STREET ADDRESS	811 ROSEMIST COURT	
4.4 CITY-ST-ZIP	OCOE FL 34761	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MIKE LAPORTE	
5.3 STREET ADDRESS	832 HAMMOCKS DRIVE	
5.4 CITY-ST-ZIP	OCOE FL 34761	
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 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.

CR2E037 (9/96)

2-27-97