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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05661** (6)

1. Corporation Name

HAMMOCK DE GALVEZ HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business	Mailing Address
1208 ST. MARY'S BAY DRIVE MILTON FL 32580	1208 ST. MARY'S BAY DRIVE MILTON FL 32580

3. Date Incorporated or Qualified 10/15/1984	Applied For
4. FEI Number 59-2891945	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 ANNA FRUTCHHEY FARMER Suite, Apt. #, etc.	21 ANNA FRUTCHHEY FARMER Suite, Apt. #, etc.
22 6431 HAMMOCK TRACE City & State	22 6431 HAMMOCK TRACE City & State
23 MILTON, FL Zip	23 MILTON FL Zip
24 32583	24 32583

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
VAN NORMAN, JARVIS 6357 HAMMOCK TRACE MILTON FL 32583

10. Name and Address of New Registered Agent
81 Name ANNA FRUTCHHEY-FARMER
82 Street Address (P.O. Box Number is Not Acceptable) 6431 HAMMOCK TRACE
83
84 City MILTON FL 85 Zip Code 32583

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 *Anna Frutchey-Farmer* DATE **4-29-98**

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MILLS, CONNIE
STREET ADDRESS	1712 ST. MARY'S BAY DR.
CITY-ST-ZIP	MILTON FL 32583
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	WILBANKS, LARRY
STREET ADDRESS	6488 HAMMOCK TRACE
CITY-ST-ZIP	MILTON FL
TITLE	STD <input checked="" type="checkbox"/> DELETE
NAME	VAN NORMAN, JARVIS
STREET ADDRESS	6357 HAMMOCK TRACE
CITY-ST-ZIP	MILTON FL 32583
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	VAN NORMAN, JARVIS
STREET ADDRESS	6357 HAMMOCK TRACE
CITY-ST-ZIP	MILTON FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLS, CONNIE
STREET ADDRESS	1712 ST. MARY, S. BAY DR.
CITY-ST-ZIP	MILTON FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, VICKI
STREET ADDRESS	1708 ENCINA WAY
CITY-ST-ZIP	MILTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANNA FRUTCHHEY-FARMER
1.3 STREET ADDRESS	6431 HAMMOCK TRACE
1.4 CITY-ST-ZIP	MILTON, FL 32583
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RICHARD Wingate
2.3 STREET ADDRESS	1709 ENCINA WAY
2.4 CITY-ST-ZIP	MILTON, FL 32583
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WILLIAM LAWLESS
3.3 STREET ADDRESS	1701 HERMOSA CIRCLE
3.4 CITY-ST-ZIP	MILTON, FL 32583
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LARRY WILBANKS
4.3 STREET ADDRESS	6488 HAMMOCK TRACE
4.4 CITY-ST-ZIP	MILTON, FL 32583
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 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.

SIGNATURE: *Anna Frutchey-Farmer* DATE **4/29/98** TELEPHONE **850-624-5337**

CR2E037 (10/97)