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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name

N05661

(6)

HAMMOCK DE GALVEZ HOMEOWNER'S ASSOCIATION, INC.

FILED May 15 1998 8:00am Secretary of State



| | | A. 16: A.11 | | | |
|--|---|-------------------------------|--|--|---|
| Principal Place of Business Mailing Address | | | | | |
| S CRAY PAUL R. | | | 3. Date Incorporated or Qualified | | |
| 1700 ST. MARY | | _1209-67: MARY'S BAY B | HIVE | 10/15/1984 | |
| WE ICH PL SE | | | | 4. FEI Number | Applied For |
| | | | | 59-2891945 | Not Applicable |
| 2. Principal Pl | ce of Business. | 2a. Mailing Address | Itchey FARMER | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | HAM MOCK TRA | Suite, Apt. #, etc. | 4 | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| City & State | | City & State 28 | FI | 7. Is this nonprofit corporation a ho | meowners association? Yes |
| Žip | Country | Zip | Country | 8. This corporation owes or has pa | |
| A 32583 | 25 | 29 32583 | 30 | Personal Property Tax due June | |
| | 9. Name and Address of Curre | nt Registered Agent | | 10. Name and Address of New Re | gistered Agent |
| 6357 HA MILTON | RMAN, JARVIS MMOCK TRACE FL 32583 | | 84 City M | oress (P.O. Box Number is Not Accepted HAMM OCK HOW I Compared to the property of the prope | FL 85 Zip Code 32583 |
| office or re | egistered agent, or both, in the State of familiar with, and accept the obliga- | e of Florida. Such change was | s authorized by the corpora | ation's board of directors. I hereby accep | of the appointment as registered |
| | Signature typed or printed name of registered ag | | DTE Registered Agent signature requ | ured when reinstating) | DATE DEFECTORS IN 12 |
| 12. | OFFICERS AN | ND DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 |
| 12. | OFFICERS AN | | 13. 1.1 TITLE | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTORS IN 12 Change Addition |
| 12. TITLE NAME | PD MILLS. CONNIE | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME | ADDITIONS/CHANGES TO OFFICE | ERS AND DIRECTORS IN 12 Change Addition |
| 12. TITLE NAME STREET ADDRESS | PD MILLS. CONNIE 1712 ST. MARY'S BAY DR. | ND DIRECTORS | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS | ANNA FRUTCHEY-FA | ERS AND DIRECTORS IN 12 Change Addition RMER TRACE |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MILLS. CONNIE 1712 ST. MARY'S BAY DR. MILTON FL 32583 | ND DIRECTORS A DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP | ADDITIONS/CHANGES TO OFFICE ANNA FRUTCHEY-FA 4431 HAMM BCK MIITON, FI 3 | ERS AND DIRECTORS IN 12 RMER Change Addition TRACE 2583 |
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| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME | PD MILLS. CONNIE 1712 ST. MARY'S BAY DR. MILTON FL 32583 PD WILBANKS, LARRY | ND DIRECTORS A DELETE | 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME | ADDITIONS/CHANGES TO OFFICE ANNA FRUTCHEY-FA (43) HAMM BCK MIITON, FI 3 (0) RICHARA WINGAL | ERS AND DIRECTORS IN 12 RMER TRACE 3583 Change Addition |
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indicated on this annual report or supplied with this ning does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. Trumer certify that the information indicated on this annual report is report as in 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.

850-626-5337 Daytime Phorie * 0077142