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**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90002 050 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N40108**

1. Corporation Name

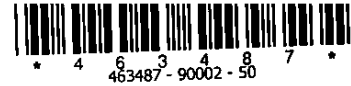
**THE HAMMOCKS HOMEOWNERS' ASSOCIATION OF PALM HARBOR, INC.**

Principal Place of Business

33920 US 19 NORTH  
 SUITE 134  
 PALM HARBOR FL 34684  
 US

Mailing Address

P.O. BOX 1694  
 PALM HARBOR FL 34682  
 US



2. Principal Place of Business

21 **1188 OMAHA CIRCLE**

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

**PALM HARBOR FL**

28 City & State

29 City & State

24 Zip

**34683**

25 Country

**USA**

29 Zip

30 Country

3. Date Incorporated or Qualified

**09/05/1990**

4. FEI Number

**59-3015403**

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

9. Name and Address of Current Registered Agent

**FREIDINGER TED L.**  
~~33920 US 19 NORTH~~  
~~STE 134~~  
~~PALM HARBOR FL 34684~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**1188 OMAHA CIR**

83

**P.O. Box 736**

84 City

**PALM HARBOR**

FL

85 Zip Code

**34683**

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)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☒ DELETE  
 NAME **VANDERLAAN, ROBERT**  
 STREET ADDRESS **1683 SPOTTSWOOD CIR.**  
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **SD** ☐ DELETE  
 NAME **LANDI, MIKE**  
 STREET ADDRESS **202 FOXCROFT W**  
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **PTD** ☐ DELETE  
 NAME **FREIDINGER, TED**  
 STREET ADDRESS **1688 SPOTTSWOOD CIR**  
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE **VP** ☒ DELETE  
 NAME **HUGUS, BRAD**  
 STREET ADDRESS **1603 SPOTTSWOOD CIR**  
 CITY-ST-ZIP **PALM HARBOR FL**

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition  
 1.2 NAME **ANGELA O DELL**  
 1.3 STREET ADDRESS **1673 SPOTTSWOOD CIR**  
 1.4 CITY-ST-ZIP **PALM HARBOR, FL 34683**

2.1 TITLE **TREASURER** ☒ Change ☒ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP **34683**

3.1 TITLE **1ST VICE PRES** ☒ Change ☒ Addition  
 3.2 NAME **VPD**  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP **34683**

4.1 TITLE **2ND VICE PRES** ☐ Change ☒ Addition  
 4.2 NAME **WALLY O DELL**  
 4.3 STREET ADDRESS **1673 SPOTTSWOOD CIR**  
 4.4 CITY-ST-ZIP **PALM HARBOR, FL 34683**

5.1 TITLE **SECRETARY** ☐ Change ☒ Addition  
 5.2 NAME **SD**  
 5.3 STREET ADDRESS **DONNA FREIDINGER**  
 5.4 CITY-ST-ZIP **1688 SPOTTSWOOD CIR**  
**PALM HARBOR, FL 34683**

6.1 TITLE **D** ☐ Change ☒ Addition  
 6.2 NAME **DIANA CAPO**  
 6.3 STREET ADDRESS **1689 SPOTTSWOOD CIR**  
 6.4 CITY-ST-ZIP **PALM HARBOR, FL 34683**

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**11/01/99 (727) 786-1600**

Date

Daytime Phone #

CR2E037 (11/98)