

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40108

FILED
May 01, 2004
Secretary of State

Entity Name: THE HAMMOCKS HOMEOWNERS' ASSOCIATION OF PALM HARBOR, INC.

Current Principal Place of Business:

202 FOXCROFT DR W
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1694
PALM HARBOR, FL 34682 US

New Mailing Address:

FEI Number: 59-3015403

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANDI, MICHAEL F
202 FOXCROFT DR W
P.O BOX 736
PALM HARBOR, FL 34683

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAPO, DIANA
Address: 1689 SPOTTSWOOD CIRCLE
City-St-Zip: PALM HARBOR, FL 34683

Title: STD () Delete
Name: LANDI, MIKE
Address: 202 FOXCROFT W
City-St-Zip: PALM HARBOR, FL 34683

Title: D () Delete
Name: FARQUHR, STEVE
Address: 294 FOXCROFT DRIVE E
City-St-Zip: PALM HARBOR, FL 34683

Title: S () Delete
Name: FARQUHR, DEBRA
Address: 294 FOXCROFT DR E
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE LANDI

STD

05/01/2004

Electronic Signature of Signing Officer or Director

Date