



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90052 047 ****70.00

| | | | | | |
|---|--|---|---|--|--|
| DOCUMENT # N40108 1. Entity Name THE HAMMOCKS HOMEOWNERS' ASSOCIATION OF PALM HARBOR, INC. | | | |  | |
| Principal Place of Business 202 FOXCROFT DR W PALM HARBOR, FL 34683 US | | | Mailing Address P.O. BOX 1694 PALM HARBOR, FL 34682 US | | |
| 2. Principal Place of Business 252 Hammock Drive | | 3. Mailing Address | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Palm Harbor, Florida | | City & State | | | |
| Zip 34683 | | Country USA | | | |
| 4. FEI Number 59-3015403 | | Applied For Not Applicable | | 01152005 Chg-NP CR2E037 (10/03) | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent LANDI, MICHAEL F 202 FOXCROFT DR W P.O. BOX 736 PALM HARBOR, FL 34683 | | | 7. Name and Address of New Registered Agent Name Lenore McDonald Street Address (P.O. Box Number is Not Acceptable) 252 Hammock Drive City Palm Harbor FL Zip Code 34683 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Lenore McDonald</i></u> 2-15-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CAPO, DIANA 1689 SPOTTSMOOD CIRCLE PALM HARBOR, FL 34683 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | T D Lenore McDonald 252 Hammock Drive Palm Harbor, FL 34683 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD LANDI, MIKE 202 FOXCROFT W PALM HARBOR, FL 34683 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Angela O'Dell 1673 Spottswood Circle Palm Harbor, FL 34683 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FARQUHR, STEVE 294 FOXCROFT DRIVE E PALM HARBOR, FL 34683 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D Danette Kuzel 515 Hammock Drive Palm Harbor, FL 34683 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S FARQUHR, DEBRA 294 FOXCROFT DR E PALM HARBOR, FL 34683 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Lenore McDonald</i></u> Lenore McDonald <u>2-15-04</u> <u>(727) 787-6244</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |