

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N06000011415

1. Entity Name
**MCCORMICK WOODS HOMEOWNERS ASSOCIATION,
INC.**



Principal Place of Business

**3100 CLAY AVENUE
SUITE 275
ORLANDO, FL 32804**

Mailing Address

**3100 CLAY AVENUE
SUITE 275
ORLANDO, FL 32804**



02072008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-8068825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**F&L CORP.
ONE INDEPENDENT DRIVE
SUITE 1300
JACKSONVILLE, FL 32202-5017**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KRAMER, STUART A
STREET ADDRESS 3100 CLAY AVENUE, SUITE 275
CITY-ST-ZIP ORLANDO, FL 32804

TITLE VTD
NAME HAMNER, DWAYNE R
STREET ADDRESS 3100 CLAY AVENUE, SUITE 275
CITY-ST-ZIP ORLANDO, FL 32804

TITLE ~~SD~~
NAME ~~LEVY, EVELYN~~
STREET ADDRESS ~~3100 CLAY AVENUE, SUITE 275~~
CITY-ST-ZIP ~~ORLANDO, FL 32804~~

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U00000846509
03/18/08-80032-006 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Stuart Kramer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Stuart Kramer 3/3/2008 407896-9059