

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N40108

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

252 HAMMOCK DRIVE  
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 (X)**

**Name and Address of Current Registered Agent:**

MC DONALD, LENORE  
252 HAMMOCK DRIVE  
PALM HARBOR, FL 34683 US

**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: TD  
Name: MC DONALD, LENORE  
Address: 252 HAMMOCK DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: PD  
Name: THURESON, DENNIS  
Address: 276 HAMMOCK DR.  
City-St-Zip: PALM HARBOR, FL 34683

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

Title: D  
Name: KUZEL, DANETTE  
Address: 515 HAMMOCK DRIVE  
City-St-Zip: PALM HARBOR, FL 34683

Title: D  
Name: RUDMAN, REBECCA  
Address: 158 FOXCROFT DR. E.  
City-St-Zip: PALM HARBOR, FL 34683

I hereby 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 all other like empowered.

SIGNATURE: LENORE MCDONALD

TD

02/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date