


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90217 018 ****61.25

0098552

DOCUMENT # N32917
1. Entity Name
THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.



Principal Place of Business
**2180 WEST SR 434
5000
LONGWOOD FL 32779
US**

Mailing Address
**2180 WEST SR 434
5000
LONGWOOD FL 32779
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

4. FEI Number **59-2983444**
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**HART, JAMES W JR.
SENTRY MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCKEY, ROB	
STREET ADDRESS	1110 WINEBERRY CRT	
CITY-ST-ZIP	OCOOE FL 34761	
TITLE	VD	<input type="checkbox"/> Delete
NAME	O'CONNER, JACQUELINE	
STREET ADDRESS	835 HAMMOCKS DR	
CITY-ST-ZIP	OCOOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILSEN, FRED	
STREET ADDRESS	1019 SHADY MAPLE CIRCLE	
CITY-ST-ZIP	OCOOE FL 34761	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GOLDEN, SUSAN	
STREET ADDRESS	1022 FEATHERSTONE CIR	
CITY-ST-ZIP	OCOOE FL 34761	
TITLE	D	<input type="checkbox"/> Delete
NAME	REYNOLDS, NORM	
STREET ADDRESS	853 HAMMOCKS DR	
CITY-ST-ZIP	OCOOE FL 34761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE: *Rob Mckey* **ROB MCKEY** 3-17-03 407-292-2586

CR2E037 (10/02)