03

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

FILED

03 JUN -6 PM 1:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N94000003640

1. Entity Name
HAMMOCKS TRAIL AT RIVER BRIDGE HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
HAMMOCKS TRAIL AT RIVER BRIDGE HOA
100 River Bridge Blvd
GREENACRES City, FL 33413
Country USA

3. Mailing Address
HAMMOCKS TRAIL AT RIVER BRIDGE HOA, INC.
100 River Bridge Blvd.
GREENACRES City, FL 33413
Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0401007 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: ASSOCIATED PROPERTY MANAGEMENT
Street Address (P.O. Box Number is Not Acceptable): 1928 LAKE WORTH Rd.
City: LAKE WORTH FL Zip Code: 33461

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: _____ Agent 4/27/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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
NAME	BRAM, JOAN
STREET ADDRESS	201 TRAILS END
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	VD
NAME	LAWTON, WALLACE
STREET ADDRESS	209 TRAILS END
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	SD
NAME	LINARDOS, ANN
STREET ADDRESS	300 HAMMOCKS TRAIL
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	TD
NAME	METZLER, BERT
STREET ADDRESS	325 HAMMOCKS TRAIL
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	D
NAME	VICTOR, DONALD
STREET ADDRESS	373 HAMMOCKS TRAIL
CITY-ST-ZIP	WEST PALM BEACH, FL 33413
TITLE	
NAME	
STREET ADDRESS	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bert Metzler 4/22/03 963-0068
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #