

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40108

Entity Name: THE HAMMOCKS HOMEOWNERS' ASSOCIATION OF PALM HARBOR, INC.**FILED**
Feb 13, 2013
Secretary of State
CC8621208492**Current Principal Place of Business:**252 HAMMOCK DRIVE
PALM HARBOR, FL 34683**Current Mailing Address:**P.O. BOX 1694
PALM HARBOR, FL 34682 US**FEI Number: 59-3015403****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MC DONALD, LENORE
252 HAMMOCK DRIVE
PALM HARBOR, FL 34683 US*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**Officer/Director Detail :**Title TD
Name MC DONALD, LENORE
Address 252 HAMMOCK DRIVE
City-State-Zip: PALM HARBOR FL 34683Title PD
Name THURESON, DENNIS
Address 276 HAMMOCK DR.
City-State-Zip: PALM HARBOR FL 34683Title S
Name FARQUHR, DEBRA
Address 294 FOXCROFT DR E
City-State-Zip: PALM HARBOR FL 34683Title D
Name KUZEL, DANETTE
Address 515 HAMMOCK DRIVE
City-State-Zip: PALM HARBOR FL 34683Title D
Name RUDMAN, REBECCA
Address 158 FOXCROFT DR. E.
City-State-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**TREASURER/STATE
AGENT****02/13/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date