2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # 739135

1. Entity Name
THE HAMMOCK HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
6839 HAMMOCK LANE WEST PALM BEACH, FL 33402	6839 HAMMOCK LANE WEST PALM BEACH, FL 33402

03192004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0144680
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

COOK, CHRISTOPHER H.
6839 HAMMOCK LANE
WEST PALM BEACH, FL 33411

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

Filing Fee is $61.25
Due by May 1, 2004

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

000000094385
03/22/04-80056-005 61.25

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	COOK, CHRISTOPHER H.
STREET ADDRESS	6839 HAMMOCK LANE
CITY-ST-ZIP	WEST PALM BCH, FL
TITLE	TD
NAME	WELCH, EDWARD D.
STREET ADDRESS	6809 HAMMOCK LANE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	VD
NAME	COOK, JUDY
STREET ADDRESS	6839 HAMMOCK LANE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	PD
NAME	BUTLER, BRANDT
STREET ADDRESS	6870 HAMMOCK LANE
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: Edward D. Welch 3/19/04 561-808-9861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #