


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # 739135 1. Entity Name THE HAMMOCK HOMEOWNERS ASSOCIATION, INC. |  |
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| Principal Place of Business 6839 HAMMOCK LANE WEST PALM BEACH, FL 33402 | Mailing Address 6839 HAMMOCK LANE WEST PALM BEACH, FL 33402 |
|---|---|



01312005 No Chg-NP CR2E037 (10/03)

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| 4. FEI Number 65-0144680 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent COOK, CHRISTOPHER H. 6839 HAMMOCK LANE WEST PALM BEACH, FL 33411 |
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD COOK, CHRISTOPHER H. 6839 HAMMOCK LANE WEST PALM BCH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD WELCH, EDWARD D. 6809 HAMMOCK LANE WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VD COOK, JUDY 6839 HAMMOCK LANE WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD BUTLER, BRANDT 6870 HAMMOCK LANE WEST PALM BEACH, FL |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

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02/03/05-80056-017 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/1/05 561-863-9861