



FILED
Jul 12, 2005 8:00 am
Secretary of State

07-12-2005 90038 030 ****61.25

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

| | | | | | |
|---|---|---|--|--|--|
| DOCUMENT # 752432 1. Entity Name MICANOPY HAMMOCK OWNERS ASSOCIATION, INC. | | | |  | |
| Principal Place of Business POST OFFICE BOX 301 MICANOPY, FL 32667-0301 | | | Mailing Address POST OFFICE BOX 301 MICANOPY, FL 32667-0301 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |  | |
| City & State | | City & State | | 07062005 Chg-NP CR2E037 (10/03) | |
| Zip Country | | Zip Country | | 4. FEI Number 59-3168882 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent PFLAUM, TOM 17306 SW 10TH TERRACE MICANOPY, FL 32667 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> | | | | | |
| Filing Fee is \$61.25 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD STALEY, TOM 104 ESTAULKEE ST. MICANOPY, FL 32667 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BELCOURE, THOMAS RT 2 BOX 842 MICANOPY, FL 32667 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V McCracken, David 718 SW 179th AVE MICANOPY, FL. 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MCCracken, DAVID 718 SW 179 AVE. MICANOPY, FL | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition T DREW, DIVINA PO BOX 39 MICANOPY, FL. 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D WILSON, THOMAS 17218 SW 10 TERR MICANOPY, FL 32667 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S BAIRD, FAY 104 ESTAULKEE ST. MICANOPY, FL. 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD GANT, TIM RT 2 BOX 842 MICANOPY, FL 32667 | <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D TYSON, TY PO BOX 369 MICANOPY, FL. 32667 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <u>Divina Drew</u> DIVINA DREW 7/6/05 352-466-3809 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |