FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 20 PM 12:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **759494** **(8)**

1. Corporation Name

DARK HAMMOCK ESTATES PROPERTY OWNERS ASSOCIATION , INC.

Principal Place of Business	Mailing Address
3608 JUAN ORTIZ CIR. FT. PIERCE FL 34947	3608 JUAN ORTIZ CIR. FT. PIERCE FL 34947

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/06/1991**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 603 RIBAULT RD	26 604 JUAN ORTIZ Cir
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 C
City & State 23 Ft Pierce Fl	City & State 28 Ft Pierce Fl
Zip 24 34947 Country 25 USA	Zip 29 34947 Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TILLMAN, FREDERICK L. 3608 JUAN ORTIZ CIR. FT. PIERCE FL 34947	81 Name: Hector ARIAS 82 Street Address (P.O. Box Number is Not Acceptable): 603 RIBAULT RD 83 84 City: Ft Pierce FL 85 Zip Code: 34947

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD Hector Arias 603 RIBAULT RD Ft Pierce Fl 34947	☑ Change ☐ Addition
NAME	TILLMAN, FREDERICK L.	1.2 NAME		
STREET ADDRESS	3608 JUAN ORTIZ CIRCLE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	VD JUANITA LETOURNEAU 3605 JUAN ORTIZ CIR Ft Pierce Fl 34947	☑ Change ☐ Addition
NAME	HOLMES, RAY	2.2 NAME		
STREET ADDRESS	JUAN ORTIZ CIR.	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP		
TITLE	SD	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	MCENTEE, SHARON	3.2 NAME		
STREET ADDRESS	JUAN ORTIZ CIR.	3.3 STREET ADDRESS	"same"	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE	TD DAWN M Borrow 604 JUAN ORTIZ CIR FT Pierce Fl 34947	☑ Change ☐ Addition
NAME	HALL, BETTY P.	4.2 NAME		
STREET ADDRESS	609 RIBAUT RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dawn M Borrow DAWN M. BORROW 4-3-95 407-465-4693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000870