


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 759494 (8)</b> T. Corporation Name <b>DARK HAMMOCK ESTATES PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>603 RIBAUT RD. FT. PIERCE FL 34947 US</b>			Mailing Address <b>604 JUAN ORTIZ CIRCLE FT. PIERCE FL 34947 US</b>		
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>08/06/1981</b>	
<b>21</b>		<b>26</b>		<b>4. FEI Number</b> <b>NOT APPLICABLE</b>	<b>Applied For</b> <b>Not Applicable</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b>		<b>27</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24</b>		<b>25</b>		<b>29</b>	<b>30</b>
<b>9. Name and Address of Current Registered Agent</b>			<b>10. Name and Address of New Registered Agent</b>		
<b>ARIAS, HECTOR 603 RIBAUT RD. FT. PIERCE FL 34947</b>			<b>81</b> Name		
			<b>82</b> Street Address (P.O. Box Number is Not Acceptable)		
			<b>83</b>		
			<b>84</b> City <b>FL</b> <b>85</b> Zip Code		
<b>11.</b> Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.					
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
<b>12. OFFICERS AND DIRECTORS</b>					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	ARIAS, HECTOR				
STREET ADDRESS	603 RIBAUT RD.				
CITY-ST-ZIP	FT. PIERCE FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	LETOURNEA, JUANITA				
STREET ADDRESS	3605 JUAN ORTIZ CIRCLE				
CITY-ST-ZIP	FT. PIERCE FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	MCENTEE, SHARON				
STREET ADDRESS	JUAN ORTIZ CIR.				
CITY-ST-ZIP	FT. PIERCE FL				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	BORROW, DAWN				
STREET ADDRESS	604 JUAN ORTIZ CIRCLE				
CITY-ST-ZIP	FT. PIERCE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

<b>3. Date Incorporated or Qualified</b> <b>08/06/1981</b>	
<b>4. FEI Number</b> <b>NOT APPLICABLE</b>	<b>Applied For</b> <b>Not Applicable</b>
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. Is this nonprofit corporation a homeowners association?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	

**14.** 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 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* **SIGNATURE REQUIRED** *DAWN M. BORROW Secretary*

561-4693

CR2E037 (10/97)