

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90066 026 \*\*\*\*61.25

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1. Corporation Name

DARK HAMMOCK ESTATES PROPERTY OWNERS ASSOCIATION  
INC.

Principal Place of Business

603 RIBAUT RD.  
FT. PIERCE FL 34947  
US

Mailing Address

604 JUAN ORTIZ CIRCLE  
FT. PIERCE FL 34947  
US

3 5 7 7 0 0 - 9 0 0 6 6 - 2 6



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

08/06/1981

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ARIAS, HECTOR  
603 RIBAUT RD.  
FT. PIERCE FL 34947

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

DELETE

TITLE PD  
NAME ARIAS, HECTOR  
STREET ADDRESS 603 RIBAUT RD.  
CITY-ST-ZIP FT. PIERCE FL 34947

TITLE VD  
NAME LETOURNEA, JUANITA  
STREET ADDRESS 3605 JUAN ORTIZ CIRCLE  
CITY-ST-ZIP FT. PIERCE FL 34947

TITLE SD  
NAME MCENTEE, SHARON  
STREET ADDRESS 605 JUAN ORTIZ CIRCLE  
CITY-ST-ZIP FT. PIERCE FL 34947

TITLE TD  
NAME BORROW, DAWN  
STREET ADDRESS 604 JUAN ORTIZ CIRCLE  
CITY-ST-ZIP FT. PIERCE FL 34947

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change

Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP

Brad Anderson

3505 JUAN ORTIZ CIRCLE

FT. PIERCE FL 34947

T.D.

Mary Catherine Park

603 JUAN ORTIZ CIR

FT. PIERCE FL 34947

B.O.

Richard Sheets

607 Ribaut Rd

FT. PIERCE 34947

R.O.

Reubin Johnson

3505 JUAN ORTIZ CIR

FT. PIERCE 34947

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

HECTOR ARIAS 5/4/99

Date

Daytime Phone #

561-465-206

661-461-2191

CR2E037 (1/198)

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