

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90193 034 \*\*\*\*61.25

<b>DOCUMENT # 759494</b> 1. Entity 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>608 JUAN ORTIZ CIRCLE FT. PIERCE, FL 34947 US</b>		
2. Principal Place of Business <b>608 Juan Ortiz Cir.</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Ft. Pierce, FL</b>		City & State			
Zip <b>34947</b>		Country <b>US</b>		4. FEI Number <b>NOT APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>ARIAS, HECTOR 603 RIBAUT RD. FT. PIERCE, FL 34947</b>			7. Name and Address of New Registered Agent Name <b>Park, Kirby A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>608 Juan Ortiz Circle</b> City <b>Ft. Pierce</b> <b>FL</b> Zip Code <b>34947</b>		
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 <u><i>Kirby A. Park</i></u> <b>Kirby A. Park, President</b> <b>4-24-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARIAS, HECTOR 603 RIBAUT RD. FT. PIERCE, FL 34947	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Park, Kirby A. 608 Juan Ortiz Circle Ft. Pierce, FL 34947	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANDERSON, BRAD 3505 JUAN ORTIZ CIRCLE FT. PIERCE, FL 34947	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARIAS, Hector 603 Ribaut Rd. Ft. Pierce, FL 34947	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCENTEE, SHARON 605 JUAN ORTIZ CIRCLE FT. PIERCE, FL 34947	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARK, MARY C 608 JUAN ORTIZ CIRCLE FT. PIERCE, FL 34947	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALL, WILLIAM R 609 RIBAUT RF FORT PIERCE, FL 34947	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Salvers, Janet 607 Juan Ortiz Circle Ft. Pierce, FL 34947	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGNOSON, ROY G 3606 JUAN ORTIZ CIRCLE FORT PIERCE, FL 34947	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	
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.					
<b>SIGNATURE:</b> <u><i>Kirby A. Park</i></u> <b>Kirby A. Park</b> <b>4-24-04</b> <b>772-461-2196</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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