

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 759494

1. Entity Name
**DARK HAMMOCK ESTATES PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**608 JUAN ORTIZ CIR
FT. PIERCE, FL 34947 US**

Mailing Address
**608 JUAN ORTIZ CIRCLE
FT. PIERCE, FL 34947 US**



04152007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PARK, KIRBY A
608 JUAN ORTIZ CIR
FORT PIERCE, FL 34947**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PARK, KIRBY A
STREET ADDRESS	608 JUAN ORTIZ CIR
CITY-ST-ZIP	FT. PIERCE, FL 34947
TITLE	VD
NAME	JOHNSON, RUBIN
STREET ADDRESS	3503 JUAN ORTIZ CIR
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	SD
NAME	MAGNUSON, ROY G JR
STREET ADDRESS	3606 JUAN ORTIZ CIR
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	TD
NAME	PARK, MARY C
STREET ADDRESS	608 JUAN ORTIZ CIRCLE
CITY-ST-ZIP	FT. PIERCE, FL 34947
TITLE	D
NAME	TOKES, BILLY
STREET ADDRESS	3505 FONTANEDA AVE
CITY-ST-ZIP	FORT PIERCE, FL 34947
TITLE	D
NAME	MAGNUSON, RANDY D
STREET ADDRESS	3601 JUAN ORTIZ CIR
CITY-ST-ZIP	FORT PIERCE, FL 34947

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IN THIS SPACE**

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04/27/07-80069-013 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Kirby A. Park 4-15-07 772-461-2196