

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 759987

1. Entity Name

HAMMOCK PINE VILLAGE I ASSOCIATION, INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90036 011 ****61.25

Principal Place of Business

Mailing Address

2753 STATE ROAD 580
 #207
 CLEARWATER FL 33761
 US

2753 STATE ROAD 580
 #207
 CLEARWATER FL 33761-3345
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2110433

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REARDON, MAUREEN C
2753 STATE ROAD 580
#207
CLEARWATER FL 33761

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '10

TITLE	D	<input type="checkbox"/> Delete
NAME	SENA, ANITA	
STREET ADDRESS	2414 HAMMOCK PINE BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPAIN, RON	
STREET ADDRESS	1503 AMHERST DR.	
CITY-ST-ZIP	SCHAUMBERG IL 60194	
TITLE	PD	<input type="checkbox"/> Delete
NAME	THORPE, RAY	
STREET ADDRESS	2403 HAMMOCK PINE BLVD	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SETALA, SYLVIA	
STREET ADDRESS	2404 HAMMOCK PINE BLVD	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAKEFIELD, CHERYL	
STREET ADDRESS	1914 HAMMOCK PINE BLVD	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURONOVSKY, HELEN	
STREET ADDRESS	1801 HAMMOCK PINE BLVD.	
CITY-ST-ZIP	CLEARWATER. FL 33761	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2306 HAMMOCK PINE BLVD.	
CITY-ST-ZIP		
TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DALESSANDRO, KAREN	
STREET ADDRESS	2404 HAMMOCK PINE BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE	T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARBAJAL, MILDRED	
STREET ADDRESS	1809 HAMMOCK PINE BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33761	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

RAY E THORPE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/00

CRZE037 (9/99)