


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 759987**

1. Entity Name  
**HAMMOCK PINE VILLAGE I ASSOCIATION, INC.**



Principal Place of Business 2430 ESTANCIA BLVD. SUITE 114 CLEARWATER, FL 33761 US	Mailing Address 2430 ESTANCIA BLVD. SUITE 114 CLEARWATER, FL 33761 US
--	--

**DO NOT WRITE IN THIS SPACE**



02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2110433	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

8. Name and Address of Current Registered Agent

FLORIDA CENTRAL MANAGEMENT, INC  
 2430 ESTANCIA BLVD.  
 SUITE 114  
 CLEARWATER, FL 33761

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

UG0000104174  
 04/05/04-80087-002 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENA, ANITA 2414 HAMMOCK PINE BLVD. CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURONOVSKY, HELEN 1801 HAMMOCK PINE BLVD CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THORPE, RAY 2306 HAMMOCK PINE BLVD CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALESSANDRO, KAREN 2008 HAMMOCK PINE BLVD CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARBAJAL, MILDRED 1809 HAMMOCK PINE BLVD CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 Thorpe 2/3/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #