


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

4/1

04-17-2003 90159 033 \*\*\*\*61.25

**DOCUMENT # 759987**

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



Principal Place of Business 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US	Mailing Address 4151 WOODLANDS PARKWAY PALM HARBOR, FL 34685 US
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2. Principal Place of Business 2430 Estancia Blvd Suite, Apt. #, etc. Suite 114 City & State CLEARWATER, FL	3. Mailing Address 2430 Estancia Blvd Suite, Apt. #, etc. Suite 114 City & State CLEARWATER FL
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CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2110433	Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

REARDON, MAUREEN C  
 4151 WOODLANDS PARKWAY  
 PALM HARBOR, FL 34686

7. Name and Address of New Registered Agent

Name: **FLORIDA CENTRAL MANAGEMENT INC**  
 Street Address (P.O. Box Number is Not Applicable):  
 2430 ESTANCIA BLVD., SUITE 114  
 City: **CLEARWATER** FL Zip Code: **33761**

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:  **ROBERT M. NISICK SAUVP.** 4/2/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when returning) DATE

**FILE NOW! FEES \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 may be Added to Fees

Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENA, ANITA 2414 HAMMOCK PINE BLVD. CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BURONOVSKY, HELEN 1801 HAMMOCK PINE BLVD CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THORPE, RAY 2306 HAMMOCK PINE BLVD CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DALESSANDRO, KAREN 2006 HAMMOCK PINE BLVD CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARBAJAL, MILDRED 1806 HAMMOCK PINE BLVD CLEARWATER, FL 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE:  **Ray Thorpe** 4/2/03 (727) 797-4011  
Signature and typed or printed name of signing officer or director. Date. Cayman Phone #

CFR2037 (10/02)