


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 762088 (3)

1. Corporation Name

THE HAMMOCK WOMEN'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

MALACOMBA RD.
P.O. BOX 841
PALM COAST FL 32137
US

POB 841
FLGLER BEACH FL 32136-0841
US



3. Date Incorporated or Qualified

02/24/1982

4. FEI Number

59-1926592

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHENK PATRICIA
60 MOODY DR.
PALM COAST FL 32137

81 Name Schober Lorene

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

6 Sweetbay Drive

83

84 City Palm Coast

FL

85 Zip Code 32137

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE LORENE SCHOBBER

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

Lorene Schober - President

(NOTE: Registered Agent signature required when reinstating)

1/20/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHENK, PATRICIA	
STREET ADDRESS	60 MOODY DR.	
CITY-ST-ZIP	PALM COAST FL	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SCHOBBER, LORENE	
STREET ADDRESS	6 SWEETBAY DR.	
CITY-ST-ZIP	PALM COAST FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	TRIVETT, FRIEDA	
STREET ADDRESS	25 ARMOND BEACH DR.	
CITY-ST-ZIP	PALM COAST FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	HOSKINS, JANICE	
STREET ADDRESS	1 LANTARACE DR.	
CITY-ST-ZIP	PALM COAST FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	STRAYER, FAYE	
STREET ADDRESS	ARMOND BEACH DRIVE	
CITY-ST-ZIP	PALM COAST FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	SHAFFER, SARAH	
STREET ADDRESS	15 W. 16TH RD.	
CITY-ST-ZIP	PALM COAST FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Schober Lorene	
1.3 STREET ADDRESS	6 Sweetbay Drive	
1.4 CITY-ST-ZIP	Palm Coast, FL 32137	

2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Alberta Herman	
2.3 STREET ADDRESS	58 Oceanside Drive	
2.4 CITY-ST-ZIP	Palm Coast, FL 32137	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LORENE SCHOBBER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/98 445-7583

DATE

Daytime Phone # 0002974

CR2E037 (10/97)