FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **765893** **(3)**

1. Corporation Name

THE HAMMOCK NORTH OWNERSHIP ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~2700 N.W. 43RD ST. STE D~~ ~~GAINESVILLE FL 32606~~	~~2700 N.W. 43RD ST. STE D~~ ~~GAINESVILLE FL 32606~~
9715 NW 63 LANE GAINESVILLE, FL 32653	

2. Principal Place of Business 21 9715 NW 63 LANE	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 GAINESVILLE, FL	City & State 28 SAME
Zip / Country 24 32653 / 25 USA	Zip / Country 29 SAME / 30 SAME

3. Date Incorporated or Qualified: 11/29/1982
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-2861170 ☐ 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~HODOR, HOWARD~~ ~~2700 N.W. 43RD ST. STE D~~ ~~GAINESVILLE FL 32606~~ GEORGE ROTTMANN, TREASURER/SECRETARY 9715 NW 63 LA GAINESVILLE, FL 32653	81 Name: GEORGE ROTTMANN 82 Street Address (P.O. Box Number is Not Acceptable): 9715 NW 63 LANE 83 ~~GAINESVILLE~~ 84 City: GAINESVILLE FL 85 Zip Code: 32653

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: X G. Rottmann — DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LANZA, KADUCE L		1.2 NAME		
STREET ADDRESS	9712 63RD LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CONNELLY, D		2.2 NAME		
STREET ADDRESS	6310 NW 93RD TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ROTTMAN, GEORGE		3.2 NAME		
STREET ADDRESS	9715 NW 63 LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	100001804271	
TITLE	STD	☐ DELETE	4.1 TITLE	-05/02/96--01013--020	☐ Change ☐ Addition
NAME	JONES, BEVERLY R		4.2 NAME	***61.25	
STREET ADDRESS	6325 NW 97TH COURT		4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	DR. HAROLD BENSON	☐ Change ☐ Addition
NAME	HENDERSON, DAVE		5.2 NAME	6407 NW 93 TERR.	
STREET ADDRESS	9702 NW 63RD LANE		5.3 STREET ADDRESS	GAINESVILLE, FL 32653 96	
CITY-ST-ZIP	GAINESVILLE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	5-P JP	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: G. Rottmann — 4/16/96 — (352) 3780936
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #