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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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
9715 NW 63 LANE GAINESVILLE FL 32653	9715 NW 63 LANE GAINESVILLE FL 32653-6808

3. Date Incorporated or Qualified: 11/29/1982
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 6428 NW 97th Ct.
22 Suite, Apt. #, etc. -
23 City & State: Gainesville FL.
24 Zip: 32653
25 Country: U.S.A.

2a. Mailing Address
26 6428 NW 97th Ct.
27 Suite, Apt. #, etc. -
28 City & State: Gainesville, FL
29 Zip: 32653
30 Country: U.S.A.

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

ROTTMANN, GEORGE
9715 NW 63 LANE
GAINESVILLE FL 32653

10. Name and Address of New Registered Agent

81 Name: ARTHUR J. WARNER
82 Street Address (P.O. Box Number is Not Acceptable): 6428 NW 97th Ct.
83
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: Arthur J. Warner — 4/21/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) / DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	LANZA, KADUCE L		1.2 NAME	ARTHUR J. WARNER	
STREET ADDRESS	9712 63RD LANE		1.3 STREET ADDRESS	6428 NW 97th Ct.	
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP	Gainesville, FL 32653	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	CONNELLY, D		2.2 NAME	SUZANNE CHESTER	
STREET ADDRESS	6310 NW 93RD TERRACE		2.3 STREET ADDRESS	6407 NW 93 RD TERRACE	
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	T	☒ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	ROTTMAN, GEORGE		3.2 NAME	LINDA HOLBROOK	
STREET ADDRESS	9715 NW 63 LANE		3.3 STREET ADDRESS	6418 NW 97th Ct.	
CITY-ST-ZIP	GAINESVILLE FL		3.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	STD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	JONES, BEVERLY R		4.2 NAME	FRANKLIN WALTERS	
STREET ADDRESS	6325 NW 97TH COURT		4.3 STREET ADDRESS	6313 NW 93 RD TERRACE	
CITY-ST-ZIP	GAINESVILLE FL		4.4 CITY-ST-ZIP	GAINESVILLE, FL 32653	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HENDERSON, HAROLD		5.2 NAME		
STREET ADDRESS	6407 NW 93 TERRACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32653		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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: Arthur J. Warner — PRESIDENT — 4/21/97