

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 # **765893** (3)
1. Corporation Name
THE HAMMOCK NORTH OWNERSHIP ASSOCIATION, INC.



Principal Place of Business 6428 NW 97TH CT GAINESVILLE FL 32653 US		Mailing Address 6428 NW 97TH CT GAINESVILLE FL 32653 US		3. Date Incorporated or Qualified 11/29/1982	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		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 ☐	
7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No		5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent WARNER, ARTHUR J 6428 NW 97TH CT GAINESVILLE FL 32653				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WARNER, ARTHUR J 6428 NW 97TH CT GAINESVILLE FL	1.1 TITLE	☐ Change ☐ Addition
NAME	VD CHESTER, SUZANNE 6407 NW 93RD TERRACE GAINESVILLE FL	1.2 NAME	☐ Change ☐ Addition
STREET ADDRESS	SD HOLBROOK, LINDA 6418 NW 97TH CT GAINESVILLE FL	1.3 STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP	TD WALTERS, FRANKLIN 6313 NW 93RD TERRACE GAINESVILLE FL	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
		2.1 TITLE	☐ Change ☐ Addition
		2.2 NAME	☐ Change ☐ Addition
		2.3 STREET ADDRESS	☐ Change ☐ Addition
		2.4 CITY-ST-ZIP	☐ Change ☐ Addition
		3.1 TITLE	☐ Change ☐ Addition
		3.2 NAME	☐ Change ☐ Addition
		3.3 STREET ADDRESS	☐ Change ☐ Addition
		3.4 CITY-ST-ZIP	☐ Change ☐ Addition
		4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	☐ Change ☐ Addition
		4.3 STREET ADDRESS	☐ Change ☐ Addition
		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
		5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	☐ Change ☐ Addition
		5.3 STREET ADDRESS	☐ Change ☐ Addition
		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
		6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	☐ Change ☐ Addition
		6.3 STREET ADDRESS	☐ Change ☐ Addition
		6.4 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Linda G. Holbrook FILED 5/98 374-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)