

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90046 036 ****61.25

DOCUMENT # 765893 1. Entity 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2861170	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent WARNER, ARTHUR J- 6428 NW 97TH CT GAINESVILLE, FL 32653				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable.		DATE 1/18/05 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLD WALTER, FRANK 6313 NW 93RD TERR GAINESVILLE, FL 32603		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Dawn Connelly 6310 NW 93 Terrace Gainesville, FL 32653	
	☒ Delete			☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONNELLY, DAWN 6310 NW 93 TERR GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Williams 10012 NW 62 Lane Gainesville, FL 32653	
	☒ Delete			☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLBROOK, LINDA 6418 NW 97TH CT GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, JACK 6211 NW 93RD TERR GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kevin Boggs 9805 NW 62 Lane Gainesville, FL 32653	
	☒ Delete			☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VANDIVER, VERNON 9715 NW 83 LN GAINESVILLE, FL 32653		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	☐ Delete			☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
	☐ Delete			☐ Change ☐ 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 all other like empowered.					
SIGNATURE:			Treasurer		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date January 18, 2005 Daytime Phone #		