

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90168 006 ****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 <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WARNER, ARTHUR J 6428 NW 97TH CT GAINESVILLE FL 32653				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, DAVID		NAME	<i>Dale Witt 9822 NW 62 Lane Gainesville, FL 32653</i>	
STREET ADDRESS	10012 NW 62 LANE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32653		CITY-ST-ZIP		
TITLE	CLD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNELLY, DAWN		NAME		
STREET ADDRESS	6310 NW 93 TERR		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32653		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLBROOK, LINDA		NAME		
STREET ADDRESS	6418 NW 97TH CT		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32653		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOGGS, KEVIN		NAME	<i>Tony Ross 9705 NW 63 Lane Gainesville, FL 32653</i>	
STREET ADDRESS	9805 NW 62 LANE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32653		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VANDIVER, VERNON		NAME		
STREET ADDRESS	9715 NW 63 LN		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32653		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Linda Holbrook* **LINDA G. HOLBROOK Treasurer 3/1/06**