

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90038 037 ****61.25

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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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2861170

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

1st MOORE CR2E037 (10/07)

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 **LINDA G. HOLBROOK**
Street Address (P.O. Box Number is Not Acceptable)
6418 NW 97 COURT
GAINESVILLE,
City **FL** **32653**

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 Linda G. Holbrook, Treasurer
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	WITT, DALE	
STREET ADDRESS	9822 NW 62 LANE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	LANZA-KADUCE, LOHN	
STREET ADDRESS	9712 NW 63RD LANE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	T	<input type="checkbox"/> Delete
NAME	HOLBROOK, LINDA	
STREET ADDRESS	6418 NW 97TH CT	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	S	<input type="checkbox"/> Delete
NAME	ROSS, TONY	
STREET ADDRESS	9705 NW 63 LANE	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE	PD	<input type="checkbox"/> Delete
NAME	VANDIVER, VERNON	
STREET ADDRESS	9715 NW 63 LN	
CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	LANZA-KADUCE, JOHN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9712 NW 63 Lane	
STREET ADDRESS	Gainesville, FL 32653	
CITY-ST-ZIP		
TITLE	Cohen, Neal	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6415 NW 97 COURT	
STREET ADDRESS	Gainesville FL 32653	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 G. Holbrook, Treasurer 2/27/08 (352) 3748888