

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765893

FILED
Mar 05, 2009
Secretary of State

Entity Name: THE HAMMOCK NORTH OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business:

6428 NW 97TH CT
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

6428 NW 97TH CT
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 59-2861170

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLBROOK, LINDA G
6418 NW 97 COURT
GAINESVILLE, FL 32653 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANZA KUDUCE, JOHN
Address: 9712 NW 63 LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: V () Delete
Name: COHEN, NEAL
Address: 6415 NW 97 COURT
City-St-Zip: GAINESVILLE, FL 32653

Title: T () Delete
Name: HOLBROOK, LINDA
Address: 6418 NW 97TH CT
City-St-Zip: GAINESVILLE, FL 32653

Title: S () Delete
Name: ROSS, TONY
Address: 9705 NW 63 LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: PD () Delete
Name: VANDIVER, VERNON
Address: 9715 NW 63 LN
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLOUSE, ALEESA
Address: 9704 NW 62ND LANE
City-St-Zip: GAINESVILLE, FL 32653

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINDA G HOLBROOK

T

03/05/2009

Electronic Signature of Signing Officer or Director

Date