

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90224 003 ****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**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

Arthur J Warner

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

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	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANG, MATT 6204 NW 93 TERRACE GAINESVILLE FL 32653	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOLBROOK, LINDA 6418 NW 97TH CT GAINESVILLE FL 32653	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, JACK 6211 NW 93RD TERR GAINESVILLE FL 32653	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARNER, ARTHUR 6428 NW 97 COURT GAINESVILLE FL 32653	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Dawn Connolly 6310 NW 93 Terrace Gainesville, FL 32653	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vernon Vandiver 9715 NW 63 Lane Gainesville, FL 32653	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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:

Linda G. Holbrook 3/21 (352)374-8888

CR2E037 (10/02)