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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 766340

1. Corporation Name

**HATCHETT CREEK MOBILE HOME PARK CONDOMINIUM ASSO
CIATION, INC.**

Principal Place of Business

**14 HATCHETT CREEK RD
VENICE FL 34292**

Mailing Address

**14 HATCHETT CREEK RD
VENICE FL 34292**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
12/28/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
27-6076219

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAZEN, RICHARD J.
227 PENSACOLA ROAD
VENICE FL 33595**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☐ DELETE
NAME BECHTEL, ALBERT A.
STREET ADDRESS 420 HATCHETT CREEK RD
CITY-ST-ZIP VENICE, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GAILBREATH, TERRY
STREET ADDRESS 412 HATCHETT CREEK RD
CITY-ST-ZIP VENICE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME DURBORAW, C. ROBERT
STREET ADDRESS 422 HATCHETT CREEK RD
CITY-ST-ZIP VENICE, FL 00000

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DST ☐ DELETE
NAME TERLINSKI, ALPHONSO
STREET ADDRESS 428 HATCHETT CREEK RD.
CITY-ST-ZIP VENICE, FL 00000

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DP ☐ DELETE
NAME WILLIAMSON, PAT
STREET ADDRESS HATCHETT CREEK RD
CITY-ST-ZIP VENICE, FL 00000

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME THOMAS, DOROTHY
STREET ADDRESS 426 HATCHETT CREEK RD
CITY-ST-ZIP VENICE FL

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

**MC MURPHY, GLEN
38 HATCHETT CREEK RD
VENICE FL**

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Alphonso Terlinski**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 12, 1999
Date

Daytime Phone #

CR2E037 (11/98)