

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90117 037 ****61.25

DOCUMENT # 766340

1. Entity Name
HATCHETT CREEK MOBILE HOME PARK
CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
14 HATCHETT CREEK RD
VENICE, FL 34292

Mailing Address
14 HATCHETT CREEK RD
VENICE, FL 34292



03102008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
90-0161656

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WILLIAMSON, PATRICIA
416 HATCHETT CREEK RD
VENICE, FL 34285

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, MARY 414 HATCHETT CREEK RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CUSIMANO, VICTOR 15 HATCHETT CREEK RD VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DARE, BARBARA L 27 HATCHETT CREEK RD. VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMSON, PATRICIA 416 HATCHETT CREEK VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHAPMAN, DONALD 408 HATCHETT CREEK VENICE, FL 34285
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Patricia A. Williamson* **PATRICIA A. WILLIAMSON** 4/16/08 9413714989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #