

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State
 05-09-2002 90052 003 ****61.25

DOCUMENT # N00000006394

1. Entity Name

HAMMOCK ON THE RIVER HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

**5055 NORTH OCEANSHORE BLVD
 PALM COAST FL 32137**

**5055 NORTH OCEANSHORE BLVD
 PALM COAST FL 32137**

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

NOT APPLICABLE

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

**CONNER, TIMOTHY J ESQ.
 1 FLORIDA PARK DRIVE NORTH
 SUITE 110
 PALM COAST FL 32137**

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.

SIGNATURE

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **SMITH, RICH**
 STREET ADDRESS **189-A GLOSTER ROAD**
 CITY-ST-ZIP **LAWRENCEVILLE GA 30044**

TITLE **PD** ☒ Change ☐ Addition
 NAME **Smith, Rich**
 STREET ADDRESS **5055 N. Oceanshore Blvd.**
 CITY-ST-ZIP **Palm Coast, FL 32137**

TITLE **D** ☒ Delete
 NAME **JENNESS, MIKE**
 STREET ADDRESS **189-A GLOSTER ROAD**
 CITY-ST-ZIP **LAWRENCEVILLE GA 30044**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **STD** ☐ Delete
 NAME **CONNER, TIMOTHY J**
 STREET ADDRESS **1 FLORIDA PARK DRIVE N #110**
 CITY-ST-ZIP **PALM COAST FL 32137**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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:

Signature Rich Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-aa-0a

386-445-11aa

Date

Daytime Phone #

CR2E037 (9/01)