

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90088 024 ****61.25

DOCUMENT # N01000001095

1. Entity Name

VICTORIA HAMMOCK ASSOCIATION, INC.



Principal Place of Business

134 NE 16 TERRACE
FORT LAUDERDALE FL 33301

Mailing Address

P.O. BOX 460909
FORT LAUDERDALE FL 33346



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0834314

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

BURGESS, DAVID
2170 SE 17TH ST
#207
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

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

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
Due By May 1, 2006**

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

TITLE TD ☐ Delete
NAME WEATHERINGTON, MARTIN
STREET ADDRESS 134 NE 16 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE VD ☐ Delete
NAME HALPRIN, PATRICIA
STREET ADDRESS ~~150 NE 16 TERRACE~~
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE PD ☐ Delete
NAME ZARITSKY, GORDON
STREET ADDRESS 128 NE 16 TERRACE
CITY-ST-ZIP FORT LAUDERDALE FL 33301

TITLE SD ☐ Delete
NAME MELANIE FINLEY
STREET ADDRESS 132 NE 16 TR
CITY-ST-ZIP FT. LAUD FL 33301

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 130 NE 16 TERRACE
CITY-ST-ZIP

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 Halprin for Gordon Zaritsky Pres