

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90012 010 \*\*\*\*61.25

**DOCUMENT # N01000001095**

1. Entity Name

VICTORIA HAMMOCK ASSOCIATION, INC.



Principal Place of Business

Mailing Address

134 NE 16 TERRACE  
FORT LAUDERDALE FL 33301

P.O. BOX 460909  
FORT LAUDERDALE FL 33346

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

ONE FINANCIAL PLAZA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 2001

City & State

City & State

FT. LAUD. FL

4. FEI Number

55-0834314

Applied For

Not Applicable

Zip

Country

Zip

Country

33394

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name DAVID BURGESS

Street Address (P.O. Box Number is Not Acceptable)  
ONE FINANCIAL PLAZA.

SUITE 2001

City FT. LAUDERDALE

FL

Zip Code 33394

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]*

DAVID BURGESS

2/8/07

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

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

TITLE ☐ Delete  
NAME VD  
STREET ADDRESS HALPRIN, PATRICIA  
CITY- ST- ZIP 130 NE 16 TERR  
FORT LAUDERDALE FL 33301

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

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

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS FINLEY, MELANIE  
CITY- ST- ZIP 132 NE 16 TERR  
FORT LAUDERDALE FL 33301

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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

TITLE ☐ Delete  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* 4-10-07 954-525-2710