

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N01000002283

1. Entity Name
HAMMOCK OAKS RESERVE NEIGHBORHOOD
ASSOCIATION, INC.



**FILED
Jul 11, 2006 8:00 am
Secretary of State**

07-11-2006 90018 033 ****61.25

40098318



07072006 Chg-NP CR2E037 (4/06)

Principal Place of Business
1106 LINFORD CT
VALRICO, FL 33594

Mailing Address
1106 LINFORD CT
VALRICO, FL 33594

2. Principal Place of Business
11444 Hammock Oaks Ct

3. Mailing Address
11444 Hammock Oaks Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lithia FL

City & State
Lithia FL

Zip 33547 Country Hillsborough

Zip 33547 Country Hillsborough

6. Name and Address of Current Registered Agent

BELL, BETTY JO
4313 FAIRCOURT DR
VALRICO, FL 33594

4. FEI Number
59-3711059

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name Glenn Lattz

Street Address (P.O. Box Number is Not Acceptable)
11444 Hammock Oaks Ct

City Lithia Zip Code FL 33547

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

Glenn Lattz, President

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

(NOTE: Registered Agent signature required when reinstating)

7/7/06

DATE

**Filing Fee is \$61.25
Due by September 6, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAGNER, WILLIAM 545 RIVIERA DRIVE TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Glenn Lattz 11444 Hammock Oaks Ct Lithia FL 33547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WAGNER, WILLIAM J 545 RIVIERA DR TAMPA, FL 33606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jessie Pinney VSD 11444 Hammock Oaks Ct Lithia FL 33547	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BELL, BETTY JO PO BOX 2031 VALRICO, FL 33595	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Bob Reina 915 Sandywood Dr Brandon, FL 33510	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Glenn Lattz 7/7/06 813-294-1436

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President