

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90222 008 ****61.25

DOCUMENT # N01000007037

1. Entity Name
**HAMMOCK RIDGE UNIT III HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**1731 N.W. 6TH STREET
SUITE A
GAINESVILLE, FL 32609**

Mailing Address
**P. O. BOX 14506
GAINESVILLE, FL 32604**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-3773786

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ED BAUR MANAGEMENT, INC.
1731 N.W. 6TH STREET
SUITE A
GAINESVILLE, FL 32609**

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 renewing)

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**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME MULHEARN, JAMES
STREET ADDRESS 13004 SW 89 AVE
CITY-ST-ZIP ARCHER, FL 32618

TITLE STD ☒ Delete
NAME MULHEARN, VICKI A
STREET ADDRESS 13004 SW 89 AVE
CITY-ST-ZIP ARCHER, FL 32618

TITLE D ☒ Delete
NAME SPIES, LOREN
STREET ADDRESS 26308 NW 41ST ST.
CITY-ST-ZIP GAINESVILLE, FL 32606

TITLE D ☒ Delete
NAME HOCHSTEIN, JASON
STREET ADDRESS 9121 SW 96TH TERR
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE D ☒ Delete
NAME WHITE, KEVIN
STREET ADDRESS 9128 SW 96TH TERR
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE P ☐ Change ☒ Addition
NAME JAMES SMALL
STREET ADDRESS 10478 SW 104TH AVE.
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE VP ☐ Change ☒ Addition
NAME BETSY NARVESON
STREET ADDRESS 9106 SW 96TH TERR
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE S ☐ Change ☒ Addition
NAME DENESE DIAZ
STREET ADDRESS 10384 SW 104TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE T ☐ Change ☒ Addition
NAME CARRIE HOWARD
STREET ADDRESS 9685 SW 95TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE D ☐ Change ☒ Addition
NAME DAVID TUCK
STREET ADDRESS 9267 SW 96TH TERRACE
CITY-ST-ZIP GAINESVILLE FL 32608

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 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:

JAMES SMALL

4/23/2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #