## **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**



Principal Place of Business - No P.O. Box # 15.06 GAINESVILLE, FL 32604  2. Principal Place of Business - No P.O. Box # 1. Marring Address   Suite April # 2005   Suite April # 2	HAMMOCK RIDGE UNIT III HOMEOWNERS ASSOCIATION, INC.									
Suits, Apt. #, etc.  Suits, Apt. #, etc.  City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  S. Country  S	1731 N.W. 6TH STREET P. O. SUITE A GAIN		P. O. BOX 14506	<i>9</i>		 	19. aan <b>i</b> lki âlin (1		n <b>1848</b> kin <b>h</b>	
City & State  B. Mean and Address of Current Registered Agent  ED BAUR MANAGEMENT, INC.  173 IN W. STH STREET  SUITE A GAINESVILLE, FL 32609  City  FL  City  FL  Zip Code	2. Principal P	Mace of Business - No P.O. Box #	3. Mailing Address	Mailing Address						
Space   Spac	Suite, Apt. #, etc. S		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04182008	Chg-NP	CR2E03	7 (12/06)	
ED BAUR MANAGEMENT, INC.  1731 NW. 6TH STREET  SUITE A GAINESVILLE, FL 32609  City  City  FL  Zip Code  Ci	City & State		City & State	City & State			786		<b>⊢</b> +−	
Name   Street Address (P.O. Box Number a Not Acceptable)	Zip	Country	Zip	Country		5. Certificate of	Status Desired			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  City FL Zip Code  The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forde. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forder.  SIGNATURE  SIGNATURE  Purpor		6. Name and Address of Current	Registered Agent			7. Name and A	ddress of New I	Registered A	gent	
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 Porida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  PURPORATION OFFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IT ILL  MME  MULHEARN, JAMES  SIRET ADDRESS  13004 SW 89 AVE  SIRET ADDRESS  STORM AGENETIA STORM OFFICERS AND DIRECTORS IT ILL  MAKE  MULHEARN, VICKI A  STORM AGENETIA STORM OFFICERS AND DIRECTORS IT ILL  MAKE  MULHEARN, VICKI A  STORM AGENETIA STORM OFFICERS AND DIRECTORS IT ILL  MAKE  MULHEARN, VICKI A  MAKE  MULHEARN	ED BAUR	MANAGEMENT, INC.								
Eithing Fee is \$41.25  Due by May 1, 2008  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICE SAND DIRECTORS IN THE MAKE ARCHER, FL 32618  STRET ADDRESS 13004 SW 89 AVE.  ARCHER, FL 32618  TILE  D  ARCHER, FL 32618  TILE  D  SPIES, LOREN  STRET ADDRESS  STRET ADDRESS		6TH STREET		Street A	Address (1	P.O. Box Number	is Not Acceptabl	le) 		
B. The above named entity submits the statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Supreme, find of preson name of registered agent.	GAINESVI	LLE, FL 32609								
SIGNATURE    Signary   Triangle of provided name of registered agent and the # acceleration   NOTE Registered Agent agrothure required when remaining)   DATE				City			<u> </u>	FL	Zip Cod	de
Filling Fee is \$61.25   Due by May 1, 2008   Trust Fund Contribution.   \$5,00 May Be Added to Fees   Filling Fee is \$61.25   Due by May 1, 2008   Trust Fund Contribution.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS   11.			or the purpose of changing its r	egistered office o	r register	ed agent, or both,	in the State of FI	lorida. I am t	amiliar with	and accept
Trust Fund Contribution.    Added to Fees   Florida Department of State	CICNIATI IDE									
TITLE NAME NAME NAME NAME NAME NAME NAME NAM	SIGNATURE .	Signature, typed or privated name of registered agent	t and little if applicable. (NOTE:	Registered Agent signal	ture required	when remstating)		' DATE		<del></del>
MME STREET ADDRESS 13004 SW 89 AVE ARCHER, FL 32618  TITLE STD MILHEARN, VICKI A STREET ADDRESS 13004 SW 89 AVE ARCHER, FL 32618  TITLE STD MILHEARN, VICKI A STREET ADDRESS 13004 SW 89 AVE CITY-ST-2P ARCHER, FL 32618  TITLE D STREET ADDRESS CITY-ST-2P ARCHER, FL 32618  TITLE D STREET ADDRESS CITY-ST-2P GAINESVILLE, FL 32618  TITLE D STREET ADDRESS CITY-ST-2P GAINESVILLE, FL 32606  TITLE D MAKE STREET ADDRESS CITY-ST-2P GAINESVILLE, FL 32606  TITLE D MAKE HCCHSTEIN, JASON HCCHSTEIN, JASON HCCHSTEIN, JASON 9121 SW 96TH TERR GAINESVILLE, FL 32607  TITLE D MAKE STREET ADDRESS GAINESVILLE, FL 32607  TITLE MAKE STREET ADDRESS GAINESVILLE, FL 32608  TITLE D MAKE STREET ADDRESS GAINESVILLE, FL 32608  TITLE MAKE GAINESVILLE, FL 32607  TITLE MAKE STREET ADDRESS GAINESVILLE FL 32608		Filing Fee is \$61.25 Due by May 1, 2008	9. Election Cam Trust Fund Co	paign Financing ontribution.	0	\$5.00 May Be Added to Fees	Flo	Vake check rida Depart	ment of S	tate .
TITLE STD		Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DI	9. Election Cam Trust Fund Co RECTORS	paign Financing ontribution.		\$5.00 May Be Added to Fees	Flo	Vake check rida Depart	ment of S	tate .
NAME SPIES, LOREN  STREET ADDRESS  CITY-ST-ZIP  CAINESVILLE, FL 32606  TITLE  D  NAME  HOCHSTEIN, JASON  STREET ADDRESS  CITY-ST-ZIP  GAINESVILLE, FL 32607  TITLE  D  MAME  HOCHSTEIN, JASON  STREET ADDRESS  CITY-ST-ZIP  GAINESVILLE, FL 32608  TITLE  D  MAME  CARRIE HOWARD  STREET ADDRESS  CITY-ST-ZIP  GAINESVILLE, FL 32608  TITLE  D  Change  Addition  MAME  STREET ADDRESS  CITY-ST-ZIP  GAINESVILLE, FL 32608  TITLE  D  Change  Addition	10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2008  OFFICERS AND DI PD MULHEARN, JAMES 13004 SW 89 AVE	9. Election Cam Trust Fund Co RECTORS	paign Financing ontribution.  11.  TITLE  NAME  STREET ADDRESS	P JAM 104	\$5.00 May Be Added to Fees ADDITIONS/CHAN ES SMALL: 78 SW 104	IGES TO OFFICE	Vake check rida Depart	ment of S	N 10
NAME HOCHSTEIN, JASON STREET ADDRESS 9121 SW 96TH TERR CITY-ST-ZIP GAINESVILLE, FL 32607  TITLE D NAME WHITE, KEVIN STREET ADDRESS 9128 SW 96TH TERR CITY-ST-ZIP GAINESVILLE, FL 32608  TITLE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608  TITLE CITY-ST-ZIP GAINESVILLE, FL 32608  TITLE STREET ADDRESS CITY-ST-ZIP GAINESVILLE, FL 32608  TITLE NAME STREET ADDRESS	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by \$fay 1, 2008  OFFICERS AND DI  PD  MULHEARN, JAMES 13004 SW 89 AVE  ARCHER, FL 32618  STD  MULHEARN, VICKI A 13004 SW 89 AVE.	9. Election Cam Trust Fund Co	paign Financing ontribution.  11.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	P JAM 104 GAI VP BET 910	\$5.00 May Be Added to Fees ADDITIONS/CHAMES SMALL. 78 SW 104 NESVILLE SY NARVES 6 SW 96TH	TH AVE. FL 32608. ON TERR	Vake check rida Depart	ECTORS II	Nation Nation
NAME WHITE, KEVIN NAME STREET ADDRESS 9128 SW 96TH TERR CITY-ST-ZIP GAINESVILLE, FL 32608 CITY-ST-ZIP GAINESVILLE FL 32608  TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	10.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by \$fay 1, 2008  OFFICERS AND DI  PD MULHEARN, JAMES 13004 SW 89 AVE ARCHER, FL 32618  STD MULHEARN, VICKI A 13004 SW 89 AVE. ARCHER, FL 32618 D SPIES, LOREN 26308 NW 41ST ST.	9. Election Cam Trust Fund Co	paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS	P JAM 104 GAI 910 GAI S DENI 1038	\$5.00 May Be Added to Fees ADDITIONS/CHAN ES SMALL. 78 SW 104 NESVILLE SY NARVES 6 SW 96TH NESVILLE ESE. DIAZ 84 SW 104	TH AVE. FL 32608 ON TERR FL 32608 TH AVENUI	Mene Check rida Depari ERS AND DIR	ment of S	N 10  Addition
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	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 Due by \$43 1, 2008  OFFICERS AND DI  PD MULHEARN, JAMES 13004 SW 89 AVE ARCHER, FL 32618  STD MULHEARN, VICKI A 13004 SW 89 AVE. ARCHER, FL 32618  D SPIES, LOREN 2630B NW 41ST ST. GAINESVILLE, FL 32606  D HOCHSTEIN, JASON 9121 SW 96TH TERR GAINESVILLE, FL 32607  D WHITE, KEVIN 9128 SW 96TH TERR	9. Election Carm Trust Fund Co RECTORS  X Delete  Delete  Delete	Daign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JAM 104 GAII VP BET 910 GAII T CARI 968 GAII D DAV 926	\$5.00 May Be Added to Fees Added to Fees ADDITIONS/CHAN ES SMALL. 78 SW 104 NESVILLE SY NARVES 6 SW 96TH NESVILLE ESE DIAZ 84 SW 104 NESVILLE 5 SW 95TH NESVILLE 10 TUCK 7 SW 96TH	TH AVE. FL 32608 ON TERR FL 32608 TH AVENUE FL 32608 TERRACE FL 32608 TERRACE FL 32608	Reis: check rida Deport	Change  Change	N 10 Addition  Addition  Addition

12. I hereby certify that the information supplied with this filling 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 employmened 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 CHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DRECTOR

Daytime Phone #