


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2008 08:00 AM
Secretary of State

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| DOCUMENT # N01914 1. Entity Name THE HAMMOCK OF BAYSHORE HOMEOWNERS' ASSOCIATION, INC. |  |
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| Principal Place of Business 5416 S. CRESCENT DRIVE TAMPA, FL 33611 | Mailing Address 5416 S. CRESCENT DRIVE TAMPA, FL 33611 |
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01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 59-2824998 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent CARRUTHERS, LEO DAVID 5416 S. CRESCENT DRIVE TAMPA, FL 33611 | DO NOT WRITE IN THIS SPACE |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee Is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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| 10. OFFICERS AND DIRECTORS | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ELDRIDGE, CHARLES R 5408 S. CRESCENT DR TAMPA, FL 33611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CARRUTHERS, DAVID L 5416 CRESCENT DRIVE TAMPA, FL 33611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD CARRUTHERS, DAVID L 5416 S. CRESCENT DR. TAMPA, FL 33611 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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01/10/08-80003-017 70.00

**DO NOT WRITE
IN THIS SPACE**

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/08 (813) 875-5252
Date Daytime Phone