

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90066 047 \*\*\*\*61.25

**DOCUMENT # N02000004263**

1. Entity Name

**THE HAMMOCKS AT MINORCA OWNER'S ASSOCIATION, INC.**



Principal Place of Business

2600 N. PENINSULA AVE.  
NEW SMYRNA BCH FL 32169

Mailing Address

2600 N. PENINSULA AVE.  
NEW SMYRNA BCH FL 32169

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

14-1874302

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHEEZEM, J. MICHAEL**  
**2201 4TH ST. NORTH, SUITE 200**  
**ST. PETERSBURG FL 33704**

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

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  
NAME COOPER, GAIL M ☐ Delete  
STREET ADDRESS 2201 4TH ST. NORTH, SUITE 200  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE SDT  
NAME BEAUMONT, SANDRA D ☐ Delete  
STREET ADDRESS 2201 4TH ST. NORTH, SUITE 200  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE TD ☒ Delete  
NAME ALLEN, ROBERT L  
STREET ADDRESS 2201 4TH ST. NORTH, SUITE 200  
CITY-ST-ZIP ST. PETERSBURG FL 33704

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~Michael D~~ ☒ Change ☐ Addition  
NAME MICHAEL GAZDA  
STREET ADDRESS 262 MINORCA BEACH WAY  
CITY-ST-ZIP NEW SMYRNA BEACH, FL 32141

TITLE SDT ☒ Change ☐ Addition  
NAME Sandra D. Beaumont  
STREET ADDRESS 264 Minorca Beach Way  
CITY-ST-ZIP New Smyrna Beach, FL 32169

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

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

TITLE ☐ Change ☐ Addition  
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 exemption stated in Section 119.07(3)(i), 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

**Gail M. Cooper**

3/9/04

Date

727-823-0022

Daytime Phone #