

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N02000006456

1. Entity Name
**FORCE FOUR COMMERCE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**5511 HANSEL AVE
ORLANDO, FL 32809**

Mailing Address
**5511 HANSEL AVE
ORLANDO, FL 32809**

DO NOT WRITE IN THIS SPACE



02162004 No Chg-NP CR2E037 (10/03)

4. FEI Number
04-3722853

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HOOKE, AMY D
5511 HANSEL AVE
ORLANDO, FL 32809**

**DO NOT WRITE
IN THIS SPACE**

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, 2004**

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

**000000094281
03/22/04-80053-009 61.25**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	ECKHART, RAYMOND
STREET ADDRESS	4210 WOODLYNNE LN
CITY - ST - ZIP	ORLANDO, FL 32812
TITLE	DP
NAME	MORENO, CARLOS
STREET ADDRESS	552 FORCE FOUR PKWY
CITY - ST - ZIP	ORLANDO, FL 32839
TITLE	DST
NAME	HOOKE, AMY D
STREET ADDRESS	551 HANSEL AVE
CITY - ST - ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

3/17/04 **(407) 851-1519**
Date Daytime Phone #