

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90065 024 ****61.25

DOCUMENT # N02367					
1. Entity Name HAMMOCK PINE VILLAGE III ASSOCIATION, INC.					
Principal Place of Business % P.O. BOX 1156 DUNEDIN, FL 34697			Mailing Address % P.O. BOX 1156 DUNEDIN, FL 34697		
2. Principal Place of Business 40347 US 19 N Suite, Apt. #, etc. SK 229		3. Mailing Address 40347 US 19 N Suite, Apt. #, etc. SK 229			
City & State Tarpon Springs FL		City & State Tarpon Springs FL		4. FEI Number 59-2383657	
Zip 34689		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RANALLO, JIM 1388 OVERCASH DR. DUNEDIN, FL 34698			7. Name and Address of New Registered Agent Name: <u>RANALLO, JIM</u> Street Address (P.O. Box Number is Not Acceptable): 40347 US 19 N, SK 229 City: <u>Tarpon Springs</u> FL <u>34689</u>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> DATE <u>1/26/06</u> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME ENGEL, GEORGE STREET ADDRESS 1406 HAMMOCK PINE BLVD CITY-ST-ZIP CLEARWATER, FL 33761	<input type="checkbox"/> Delete		TITLE D NAME ENGEL, GEORGE STREET ADDRESS 1406 HAMMOCK PINE BLVD CITY-ST-ZIP CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME VAN DYKE, JANE STREET ADDRESS 17568 FAIR MEADOW DR CITY-ST-ZIP TAMPA, FL 33647	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE TD NAME GOPSILL, GORDON STREET ADDRESS 1402 HAMMOCK PINE BLVD CITY-ST-ZIP CLEARWATER, FL 33761	<input type="checkbox"/> Delete		TITLE SVD NAME GOPSILL, GORDON STREET ADDRESS 1402 HAMMOCK PINE BLVD CITY-ST-ZIP CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ADGATE, BARBARA STREET ADDRESS 1106 HAMMOCK PINE BLVD. CITY-ST-ZIP CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VPD NAME LAZZARO, DIANE STREET ADDRESS 1401 HAMMOCK PINE BLVD CITY-ST-ZIP CLEARWATER, FL 33761	<input type="checkbox"/> Delete		TITLE PD NAME LAZZARO, DIANE STREET ADDRESS 1401 HAMMOCK PINE BLVD CITY-ST-ZIP CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Diane L Lazzaro</u> <u>Diane L Lazzaro</u> <u>1-27-06</u> <u>727-938-7730</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					