

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90018 021 ****61.25

DOCUMENT # N03000000704

1. Entity Name
**HAMMOCK MOORINGS NORTH HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**10672 QUAIL RIDGE DR.
SAINT AUGUSTINE, FL 32095**

Mailing Address
**10672 QUAIL RIDGE DR.
SAINT AUGUSTINE, FL 32095**

50032930



2. Principal Place of Business

3. Mailing Address

5455 AIA South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02142005 Chg-NP CR2E037 (10/03)

City & State

City & State

St. Augustine FL

4. FFI Number
20-1394327

Applied For
Not Applicable

Zip

Country

Zip

Country

32080 St. John

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH HULSEY & BUSEY
225 WATER STREET, SUITE 1800
JACKSONVILLE, FL 32202**

Name

May Management Services

Street Address (P.O. Box Number is Not Acceptable)

5455 AIA South

City

St. Augustine FL

Zip Code

32080

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **FORISTER, WAYNE**
STREET ADDRESS **10672 QUAIL RIDGE DR.**
CITY-ST-ZIP **SAINT AUGUSTINE, FL 32095**

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

TITLE **D** ☐ Delete
NAME **FORISTER, TRIGG**
STREET ADDRESS **P.O. BOX 2787**
CITY-ST-ZIP **WIMBERLY, TX 786762787**

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

TITLE **D** ☐ Delete
NAME **BUSH, RON**
STREET ADDRESS **11 CHELSEA COURT**
CITY-ST-ZIP **PALM COAST, FL 32137**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

Date

Daytime Phone #

[Signature] **3-17-05**