

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90387 050 \*\*\*\*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

**5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080**

400000



03242006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**20-1394327**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MAY MANAGEMENT SERVICES  
5455 A1A SOUTH  
SAINT AUGUSTINE, FL 32080**

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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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FORISTER, WAYNE
STREET ADDRESS	10672 QUAIL RIDGE DR.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32095
TITLE	D
NAME	FORISTER, TRIGG
STREET ADDRESS	P.O. BOX 2787
CITY-ST-ZIP	WIMBERLY, TX 786762787
TITLE	D
NAME	BUSH, RON
STREET ADDRESS	11 CHELSEA COURT
CITY-ST-ZIP	PALM COAST, FL 32137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

Date

Daytime Phone #