

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90144 049 ****61.25

DOCUMENT # N03000008385

1. Entity Name
**SILVER HAMMOCK PRESERVE PROPERTY OWNERS'
ASSOCIATION, INC.**



Principal Place of Business
**PO BOX 1718
SILVER SPRINGS, FL 34489-1718**

Mailing Address
**PO BOX 1718
SILVER SPRINGS, FL 34489-1718**

400300



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02152006

Chg-NP

CR2E037 (11/05)

4. FEI Number
20-0316956

Applied For
Not Applicable

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

**NEWSOME, TERESA
5980 NE 57TH LOOP
SILVER SPRINGS, FL 34488**

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

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
NEWSOME, TERESA
5980 NE 57TH LOOP
SILVER SPRINGS, FL 34488** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
Teresa Newsome
5980 NE 57th Loop
Silver Springs FL 34488-1202** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
WOLFORAM, TERESA
4421 NW BLITCHTON RD
OCALA, FL 34482** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
Theresa Wolfgram
4421 NW Blitchton Rd
Ocala FL 34482** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
LATORRE, FRED
1018 SE 50TH TERRACE
OCALA, FL 34471** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**TD
Fred Latorre
8 Chestnut Course
Ocala FL 34472** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ 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: T.A. Newsome, Pres. 4/13/06 352-236-5348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #