

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05661

1. Entity Name
HAMMOCK DE GALVEZ HOMEOWNER'S ASSOCIATION, INC.



FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90246 005 ****61.25

Principal Place of Business
C/O JOY KISER
6349 HAMMOCK TRACE
MILTON, FL 32583 US

Mailing Address
C/O JOY KISER
6349 HAMMOCK TRACE
MILTON, FL 32583 US



2. Principal Place of Business

3. Mailing Address

03232006 Chg-NP CR2E037 (11/05)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2891945

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

KISER, JOY I
6349 HAMMOCK TRACE
MILTON, FL 32583

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
PD
RATLIFF, STEVE
1717 ST. MARY'S BAY
MILTON, FL 32583 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
LAMBERT, BARNETTE
6447 HAMMOCK TRACE
MILTON, FL 32583 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JOEL DUNHAM
1700 HERMOSA CIRCLE
MILTON, FL 32583 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
BUSBEE, LARRY
1401 HERMOSA CIRCLE
MILTON, FL 32583 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
KISER, JOY
6349 HAMMOCK TRACE
MILTON, FL 32583 ☐ 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

Joy Kiser / JOY KISER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/06

850-626-7148

Date

Daytime Phone #