2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State
01-17-2006 90255 028 ****61.25

DOCUMENT # N13226

1. Entity Name
THE HOMEOWNERS ASSOCIATION OF UNIT 20 (THE HAMMOCKS), INC.

Principal Place of Business	Mailing Address
2800 CYPRESS COURT PLANT CITY, FL 33567 US	PO BOX 3051 PLANT CITY, FL 33563 US

01052006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2647041 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STONE, LEVERETT
2800 CYPRESS COURT
PLANT CITY, FL 33566

7. Name and Address of New Registered Agent

Name SANDRA BARTAREAU
Street Address (P.O. Box Number is Not Acceptable)
2891 HAMMOCK DR.
City PLANT CITY, FL Zip Code 33566

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 Sandra Bartareau SANDRA BARTAREAU 1/11/06
Signature, typed or printed name of registered agent and date of execution (NOTE: Registered Agent signature required when changing) 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	TD STONE, LEVERETT 2800 CYPRESS COURT PLANT CITY, FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VPD RIDDLE, MICHAEL J 2844 HAMMOCK DR PLANT CITY, FL 33566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD RIDEAU, ROBIN 2884 HAMMOCK DR PLANT CITY, FL 33566	☐ 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 SD SANDRA BARTAREAU 2891 HAMMOCK DR. PLANT CITY, FL 33566
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: Leverett Stone TREAS 1/11/06 (813) 707-5739
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime phone #

LEVERETT STONE