


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N13226</b>	
1. Entity Name <b>THE HOMEOWNERS ASSOCIATION OF UNIT 20 (THE HAMMOCKS), INC.</b>	

Principal Place of Business <b>2800 CYPRESS COURT PLANT CITY, FL 33567 US</b>	Mailing Address <b>PO BOX 3051 PLANT CITY, FL 33563 US</b>
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DO NOT WRITE IN THIS SPACE



02182007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2647041</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>BARTAREAU, SANDRA 2891 HAMMOCK DR. PLANT CITY, FL 33566</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STONE, LEVERETT 2800 CYPRESS COURT PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIDDLE, MICHAEL J 2844 HAMMOCK DR PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RIDEAU, ROBIN 2884 HAMMOCK DR PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARTAREAU, SANDRA 2891 HAMMOCK DR. PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/06/07-80032-014 70.00

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.

<b>SIGNATURE:</b> <u>Sandra Le Bartareau</u>	<b>2-20-07</b>	<b>813-754-6517</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>