

ANNUAL REPORT

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Mar 29, 2006 8:00 am
Secretary of State

02-27-2006 90111 047 ****61.25

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03112006 Chg-NP CR2E037 (11/05)

DOCUMENT # N13620					
1. Entity Name THE HAMMOCK OF BAYSHORE, PHASE II, HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 5501 INTERBAY BLVD TAMPA, FL 33611 US			Mailing Address 5501 INTERBAY BLVD TAMPA, FL 33611 US		
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 59-2824998	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RADCLIFFE, JAN 5501 INTERBAY BLVD TAMPA, FL 33611			7. Name and Address of New Registered Agent 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	TSD RADCLIFFE, JAN 5501 INTERBAY BLVD TAMPA, FL 33611 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TRAVIESA, TANYA 6517 INTERBAY BLVD TAMPA, FL 33611 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jones, Nancy 4703 W. San Rafael Tampa FL 33629 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VO PEARL, TONY 5511 INTERBAY BLVD TAMPA, FL 33611 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Pearl, Tony 5511 Interbay Blvd Tampa FL 33611 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELO, ED 5513 INTERBAY BLVD TAMPA, FL 33611 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ed Melo 5513 Interbay Blvd Tampa FL 33611 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUDER, DOYLE 5420 BAYSHORE BLVD TAMPA, FL 33611 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Studer, Doyle 5420 Bayshore Blvd Tampa FL 33611 ☒ 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: _____		3.24-06 727-872-5327			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			