FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N14369 (5)

1. Corporation Name
HAMMOCK WOODS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
16009 ARMISTEAD LN ODESSA FL 33556 US	16009 ARMISTEAD LN ODESSA FL 33556 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/15/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 15912 Armistead Ln	26 15912 Armistead Ln
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Odessa, Florida	City & State 28 Odessa, Florida
Zip 24 33556 Country 25 USA	Zip 29 33556 Country 30 USA

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STAHL, KARLA 16009 ARMISTEAD LN ODESSA FL 33556	81 Name: Theresa Burkes 82 Street Address (P.O. Box Number is Not Acceptable): 15912 Armistead Lane 83 84 City: Odessa FL 85 Zip Code: 33556

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Theresa A Burkes — 4/26/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	VD	☑ Change ☐ Addition
NAME	WALKER, DEANNA	1.2 NAME	Theresa Burkes	
STREET ADDRESS	16002 WESTVIEW CIR.	1.3 STREET ADDRESS	15912 Armistead Ln	
CITY-ST-ZIP	ODESSA FL	1.4 CITY-ST-ZIP	Odessa, FL	
TITLE	VD	2.1 TITLE	SD	☑ Change ☐ Addition
NAME	STAHL, KARLA	2.2 NAME	Vincent, Vicki	
STREET ADDRESS	16009 ARMISTEAD LN.	2.3 STREET ADDRESS	6012 Hammock Woods Dr	
CITY-ST-ZIP	ODESSA FL	2.4 CITY-ST-ZIP	Odessa, FL	
TITLE	TD	3.1 TITLE	D	☑ Change ☐ Addition
NAME	RAMENDA, DEBBIE	3.2 NAME	~~Era~~ Ortiz, Ernie	
STREET ADDRESS	5906 HAMMOCK WOODS DR.	3.3 STREET ADDRESS	6010 Hammock Woods Dr	
CITY-ST-ZIP	ODESSA FL 33556	3.4 CITY-ST-ZIP	Odessa, FL	
TITLE	SD	4.1 TITLE	D	☑ Change ☐ Addition
NAME	MASSICOTTE, DEBBIE	4.2 NAME	Miska, Gail	
STREET ADDRESS	5904 HAMMOCK WOODS DR.	4.3 STREET ADDRESS	15908 Armistead Ln	
CITY-ST-ZIP	ODESSA FL	4.4 CITY-ST-ZIP	Odessa, FL	
TITLE	D	5.1 TITLE	TD	☑ Change ☐ Addition
NAME	EVANS, CONNIE	5.2 NAME	Evans, Connie	
STREET ADDRESS	16005 ARMISTEAD LN	5.3 STREET ADDRESS	16005 Armistead Ln	
CITY-ST-ZIP	ODESSA FL	5.4 CITY-ST-ZIP	Odessa, FL	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Theresa A Burkes — 4/26/95 — 813-920-8096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000703