

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N14369 (5)**  
1. Corporation Name  
**HAMMOCK WOODS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**15912 ARMISTEAD LANE  
ODESSA FL 33556  
US**

Mailing Address  
**15912 ARMISTEAD LANE  
ODESSA FL 33556  
US**

3. Date Incorporated or Qualified  
**04/15/1986**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**NOT APPLICABLE**

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

9. Name and Address of Current Registered Agent  
**BURKES, THERESA  
15912 ARMISTEAD LANE  
ODESSA FL 33556**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BURKES, THERESA	
STREET ADDRESS	15912 ARMISTEAD LANE	
CITY - ST - ZIP	ODESSA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VINCENT, VICKI	
STREET ADDRESS	6012 HAMMOCK WOODS DR	
CITY - ST - ZIP	ODESSA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORTIZ, ERNIE	
STREET ADDRESS	6010 HAMMOCK WOODS DR	
CITY - ST - ZIP	ODESSA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MISKA, GAIL	
STREET ADDRESS	15908 ARMISTEAD LANE	
CITY - ST - ZIP	ODESSA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	EVANS, CONNIE	
STREET ADDRESS	16005 ARMISTEAD LN	
CITY - ST - ZIP	ODESSA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Burkes, Theresa	
1.3 STREET ADDRESS	15912 Armistead Lane	
1.4 CITY - ST - ZIP	Odessa, FL 33556	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Liberature, Michelle	
2.3 STREET ADDRESS	15916 Armistead Lane	
2.4 CITY - ST - ZIP	Odessa, FL 33556	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Ortiz, Ernie	
3.3 STREET ADDRESS	6010 Hammock Woods Dr	
3.4 CITY - ST - ZIP	Odessa, FL 33556	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Walker, Deanna	
4.3 STREET ADDRESS	16002 Westview Cr.	
4.4 CITY - ST - ZIP	Odessa, FL 33556	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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 Burk Theresa Burk 4/26/96 8139208096  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

5/1/96