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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 DOCUMENT # N14369

(5)

FILED Jun 26 1997 8:00am Secretary of State

| HAMMOCK WOODS HOMEOWNERS ASSOCIATION, INC. | | | | | | | | | | | | |
|---|--|---------------------------------------|--|----------------|--------|---------------------|------------------|---|---------------|-------------------------|----------------------------|--|
| Principal Plac | iling Address | | | | | 7 | II BIBII BIBII B | | ian alak iaa | | | |
| 15912 ARMISTEAD LANE ODESSA FL 33556 US | | | 15912 ARMISTEAD LANE ODESSA FL 33556-3300 US | | | | - | - | | | | |
| | | | | | | | | 3. Date Incorporated or Qualified 04/15/1986 | 3a. Date O | of Last R 5/01/199 | eport 96 | |
| 2. Principal P | lace of Business | 2a. 26 | 2a. Mailing Address 26 | | | | | 4. FEI Number NOT APPLICABLE Applied For Not Applicable | | | | |
| Sulte, Apt. | | 27 | Suite, Apt. #, etc. | | | | | 5. Certificate of Status Desired | | | Additional equired | |
| City & Stat | е | 28 | City & State | | | | | 6. Election Campaign Financing Trust Fund Contribution | | \$5.00 Added | | |
| Zip 24 | Country Zip 29 | | | Country 30 | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | | |
| | 9, Name and Address of Curr | ent Regist | ered Agent | | | | | 10. Name and Address of New Reg | istered Ag | ent | | |
| ·= | • | | | | 81 | Name |) | | | | | |
| BURKES, THERESA 15912 ARMISTEAD LANE | | | | | 82 | Stree | t Addre | ss (P.O. Box Number is Not Acceptable | 0) | | | |
| | FL 33556 | | | | | | | · | | | | |
| | | | | | 84 | City | _ | | FL | 85 Zip I | Code | |
| 11. Pursuant office or r agent. I a | | | | | | | | oration submits this statement for the pu on's board of directors. I hereby accept | | nanging it ntment as | s registered registered | |
| | Signature, typed or printed name of registered a | | | | d Age | ent sig natu | re required | d when reinstating) | DATE | | | |
| 12. TITLE | OFFICERS A | ND DIREC | DELETE | 13. | (T) E | | | ADDITIONS/CHANGES TO OFFICE | | Change | Addition | |
| NAME | BURKES, THERESA | | C DECER | | IAME | | | | - | T cuande | L ∨oquion | |
| STREET ADDRESS | 15912 ARMISTEAD LANE | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP | ODESSA FL | | | | | ST-ZIP | | • | | | | |
| TITLE | 8D | | DELETE | 2.1 | | 31.54 | ┪— | | | Change | Addition | |
| NAME | LIBERATORE, MICHELLE | | | 221 | IAME | | | | _ | | | |
| STREET ADDRESS | 15916 ARMSTEAD LANE | | | 2.3 5 | TAEET | ADDRESS | | | | | | |
| CITY-ST-ZIP | ODESSA FL | | | 2.4 | CiTY-S | ST-ZIP | | | | | | |
| TITLE | 8D | | DELETE | 311 | ITLE | | | | L | Change | Addition | |
| NAME | ORTIZ, ERNIE | _ | | 321 | IAME | | | | | | | |
| STREET ADDRESS | 6010 HAMMOCK WOODS D | R | | 3.3 9 | TREET | ADDRESS | | | | | | |
| CITY-ST-ZIP | ODESSA FL | | [1] per esc | | | ST- ZIP | 4 | | | · · | | |
| TITLE | D DEADING | | □ O €LETE | 4.1 T | | | 1 | | L | _ Change | Addition | |
| NAME | WALKER, DEANNA | | | | NAME | | | | | | | |
| STREET ADDRESS | 16002 WESTVIEW CIRCLE | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | ODESSA FL TD | | DELETE | | ITY-S | iT - ZIP | - | | | T Chanas | A A Juliu a a | |
| NAME | EVANS, CONNIE | | | 5.1 T | | | | | L | .] Change | Addition | |
| STREET ADDRESS | 16005 ARMISTEAD LN | | | 5.2 N | | *DDDECC | | | | | | |
| | ODESSA FL | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | ANTOON I F | · · · · · · · · · · · · · · · · · · · | DELETE | 5.4 C 6.1 T | ITY-S | 11-211 | + | | r | Change | Addition | |
| NAME | | | Deter | 6.2 N | | | | | _ | nuguye | Audution | |
| STREET ADDRESS | | | | | | ADDRESS | 1 | | | | | |
| CITY-ST-ZIP | | | | | | | | | | | | |
| | w earlier that the information output | ad with thi | a tiling door not our | | ITY-S | | J | n Section 119 07/3/ii) Florida Statutes | I foutbox n | antifu that | th a | |

Information indicated on this annual reporting does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes, Furning 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.