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Jul 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28621** (3)

1. Corporation Name

OAK HAMMOCK HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.



Principal Place of Business

Mailing Address

**3149 OAK HAMMOCK CT.
TALLAHASSEE FL 32301
US**

**3149 OAK HAMMOCK CT
TALLAHASSEE FL 32301-6052
US**

3. Date Incorporated or Qualified
09/29/1988

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
3106 Oak Hammock Ct.

2a. Mailing Address
3106 Oak Hammock Ct.

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State
Tallahassee, FL

City & State
Tallahassee, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip
32301

Country
USA

Zip
32301

Country
USA

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

**CROWELL, PERRY
1298 CORDOVA CIRCLE
TALLAHASSEE FL 32301**

81 Name
Jean T. Littlefield

82 Street Address (P.O. Box Number is Not Acceptable)
3106 Oak Hammock Ct.

83

84 City
Tallahassee

FL

85 Zip Code
32301

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

Jean T. Littlefield, Inc. **Jean T. Littlefield**

7/15/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CROWELL, PERRY	
STREET ADDRESS	3127 OAK HAMMOCK CT	
CITY-ST-ZIP	TALLAHASSEE FL	

1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jean T. Littlefield	
1.3 STREET ADDRESS	3106 Oak Hammock Ct.	
1.4 CITY-ST-ZIP	Tallahassee, FL 32301	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RENDELL, TORY	
STREET ADDRESS	3111 OAK HAMMOCK CT	
CITY-ST-ZIP	TALLAHASSEE FL	

2.1 TITLE	D/VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Troy Rendell	
2.3 STREET ADDRESS	3111 Oak Hammock Ln.	
2.4 CITY-ST-ZIP	Tallahassee, FL 32301	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, ERIC	
STREET ADDRESS	3149 OAK HAMMOCK CT	
CITY-ST-ZIP	TALLAHASSEE FL	

3.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Thomas Bowen	
3.3 STREET ADDRESS	3025 Oak Hammock Ln.	
3.4 CITY-ST-ZIP	Tallahassee, FL 32301	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FURJANIC, STELLA	
STREET ADDRESS	3109 OAK HAMMOCK CT	
CITY-ST-ZIP	TALLAHASSEE FL	

4.1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Judy Spier	
4.3 STREET ADDRESS	3137 Oak Hammock Ct.	
4.4 CITY-ST-ZIP	Tallahassee, FL 32301	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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

Jean T. Littlefield

Jean T. Littlefield

7/15/97

(Pm) 71-2749

CR2E037 (9/96)