

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 05 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N28621 (3)

1. Corporation Name

OAK HAMMOCK HOMEOWNERS ASSOCIATION OF TALLAHASSEE, INC.

Principal Place of Business

3106 OAK HAMMOCK CT  
TALLAHASSEE FL 32301  
US

Mailing Address

3106 OAK HAMMOCK CT  
TALLAHASSEE FL 32301  
US



3. Date Incorporated or Qualified

09/29/1988

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?



Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes ☒ No

9. Name and Address of Current Registered Agent

LITTLEFIELD, JEAN T  
3106 OAK HAMMOCK CT  
TALLAHASSEE FL 32301

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

*Jean T. Littlefield, DP*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME LITTLEFIELD, JEAN T  
STREET ADDRESS 3106 OAK HAMMOCK CT  
CITY-ST-ZIP TALLAHASSEE FL

TITLE DVP ☐ DELETE

NAME RENDELL, TORY  
STREET ADDRESS 3111 OAK HAMMOCK CT  
CITY-ST-ZIP TALLAHASSEE FL

TITLE DT ☐ DELETE

NAME BOWEN, THOMAS  
STREET ADDRESS 3025 OAK HAMMOCK LN  
CITY-ST-ZIP TALLAHASSEE FL

TITLE DS ☐ DELETE

NAME SPIER, JUDY  
STREET ADDRESS 3137 OAK HAMMOCK CT  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☒ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I 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*

1/12/98

850-671-2749  
or 697-3507

CR2E037 (10/97)