

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90224 002 ****61.25

DOCUMENT # N30612

1. Entity Name

BENNETT'S HAMMOCK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1166 PELICAN BAY DR
DAYTONA BEACH FL 32119

Mailing Address

1166 PELICAN BAY DR
DAYTONA BEACH FL 32119

2. Principal Place of Business

PO BOX 291792

3. Mailing Address

PO BOX 291792

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT ORANGE, FL

City & State

PORT ORANGE, FL

Zip

32129-1792

Country

USA

Zip

32129-1792

Country

USA

4. FEI Number

28-4744289

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARKIN, MICHELE
1166 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119

7. Name and Address of New Registered Agent

Name **ROBERT KIECKSEE**
Street Address (P.O. Box Number is Not Acceptable)
1108 LITTLE GARDEN CR
City **PORT ORANGE** FL Zip Code **32129**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE **V** ☒ Delete
NAME **BEAUMONT, MARC**
STREET ADDRESS **1122 MEDITATION LOOP**
CITY-ST-ZIP **DAYTONA BEACH FL 32119**

TITLE **P** ☐ Delete
NAME **KIECKSEE, ROBERT**
STREET ADDRESS **1108 LITTLE GARDEN CR**
CITY-ST-ZIP **PORT ORANGE FL 32129**

TITLE **S** ☒ Delete
NAME **SUSANE, GUTEKUNST**
STREET ADDRESS **1145 MEDITATION LOOP**
CITY-ST-ZIP **PORT ORANGE FL 32128**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **T** ☐ Change ☒ Addition
NAME **NORMAN WHYTE**
STREET ADDRESS **1115 MEDITATION LOOP**
CITY-ST-ZIP **PORT ORANGE, FL 32129-5015**

TITLE **V** ☐ Change ☒ Addition
NAME **MARIE ABAGIS**
STREET ADDRESS **1129 MEDITATION LOOP**
CITY-ST-ZIP **PORT ORANGE, FL 32129**

TITLE **S** ☐ Change ☒ Addition
NAME **SUZANNE RONNEAU**
STREET ADDRESS **1100 LITTLE GARDEN CR**
CITY-ST-ZIP **PORT ORANGE, FL 32129**

TITLE **D** ☐ Change ☒ Addition
NAME **JAY LITTLEFIELD**
STREET ADDRESS **1132 MEDITATION LOOP**
CITY-ST-ZIP **PORT ORANGE, FL 32129**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #