

FILE NOW: FILING FEE IS \$61.25

FILED
May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N32917 (9)					
1. Corporation Name THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.					
Principal Place of Business 2180 WEST SR 434 5000 LONGWOOD FL 32779 US			Mailing Address 2180 WEST SR 434 5000 LONGWOOD FL 32779-5044 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30		3. Date Incorporated or Qualified 06/21/1989 3a. Date of Last Report 05/01/1996 4. FEI Number 59-2983444 Applied For 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 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent HART, JAMES W JR. SENTRY MANAGEMENT INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD FL 32779			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 _____ (Signature, typed or printed name of registered agent as applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS TITLE PD NAME LOMBARDY, LEE STREET ADDRESS 1019 FEATHERSTONE CR CITY-ST-ZIP OCOEE FL TITLE VD NAME VAN DER BAARS, CHRIS STREET ADDRESS 817 ROSEMONT CT CITY-ST-ZIP OCOEE FL TITLE STD NAME VERELLA, MIKE STREET ADDRESS 1002 GINER SPICE LANE CITY-ST-ZIP OCOEE FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE D ☒ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE PD ☒ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE VD ☒ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE SD ☐ Change ☒ Addition 4.2 NAME DANA PONITA 4.3 STREET ADDRESS 811 ROSEMIST COURT 4.4 CITY-ST-ZIP OCOEE FL 34761 5.1 TITLE TD ☐ Change ☒ Addition 5.2 NAME MIKE LAPORTE 5.3 STREET ADDRESS 832 HAMMOCKS DRIVE 5.4 CITY-ST-ZIP OCOEE FL 34761 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					



CR2E037 (9/96)

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 _____

7-27-97