

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32917

1. Entity Name

THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.

Principal Place of Business

Mailing Address

2180 WEST SR 434
5000
LONGWOOD FL 32779
US

2180 WEST SR 434
5000
LONGWOOD FL 32779
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2983444

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HART, JAMES W JR.
SENTRY-MANAGEMENT INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD FL 32779

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME MCKEY, ROB.
STREET ADDRESS 1110 WINEBERRY CRT
CITY-ST-ZIP OCOEE FL 34761

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

TITLE VD ☐ Delete
NAME O'CONNER, JACQUELINE
STREET ADDRESS 835 HAMMOCKS DR
CITY-ST-ZIP OCOEE FL 34761

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

TITLE STD ☒ Delete
NAME KALLENBACH, CHRISTIAN
STREET ADDRESS 1026 FEATHERSTONE CIRCLE
CITY-ST-ZIP OCOEE FL 34761

TITLE D ☐ Change ☒ Addition
NAME WILSEN, FRED
STREET ADDRESS 1019 SHADY MAPLE CIRCLE
CITY-ST-ZIP OCOEE, FL 34761

TITLE D ☐ Delete
NAME GOLDEN, SUSAN
STREET ADDRESS 1022 FEATHERSTONE CIR
CITY-ST-ZIP OCOEE FL 34761

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

TITLE D ☐ Delete
NAME REYNOLDS, NORM
STREET ADDRESS 853 HAMMOCKS DR
CITY-ST-ZIP OCOEE FL 34761

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

TITLE ☐ Delete
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 exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE:

Norman Reynolds
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90033 015 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)