

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32917

FILED
Jul 20, 2004
Secretary of State**Entity Name:** THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.**Current Principal Place of Business:**2582 S. MAGUIRE RD., #318
OCOE, FL 34761 US**New Principal Place of Business:****Current Mailing Address:**2582 S. MAGUIRE RD., #318
OCOE, FL 34761 US**New Mailing Address:****FEI Number:** 59-2983444**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SOLOMON, SPENCER R
113 DESIREE AURORA ST.
WINTER GARDEN, FL 34787 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCKEY, ROB
Address: 1110 WINEBERRY CRT
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: O'CONNER, JACQUELINE
Address: 835 HAMMOCKS DR
City-St-Zip: OCOEE, FL 34761

Title: TD () Delete
Name: WILSEN, FRED
Address: 1019 SHADY MAPLE CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: VD () Delete
Name: GOLDEN, SUSAN
Address: 1022 FEATHERSTONE CIR
City-St-Zip: OCOEE, FL 34761

Title: SD () Delete
Name: REYNOLDS, NORM
Address: 853 HAMMOCKS DR
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WILSEN, FRED
Address: 1019 SHADY MAPLE CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: D (X) Change () Addition
Name: WESTOVER, JOANNE
Address: 1005 GINGERSPICE LANE
City-St-Zip: OCOEE, FL 34761

Title: STD (X) Change () Addition
Name: PEKARD, BRUCE
Address: 1003 GINGERSPICE LANE
City-St-Zip: OCOEE, FL 34761

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROB MCKEY

PD

07/20/2004

Electronic Signature of Signing Officer or Director

Date