

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N 37548**

1. Corporation Name

Colee HAMMOCK Homeowners Association, Inc.

Principal Place of Business

Mailing Address

40 LISA APREA

SAME

**1231 SE 1ST STREET #8
FT. LAUD, FL 33301**

3. Date Incorporated or Qualified

4-5-90

3a. Date of Last Report

1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81

Name

LISA APREA - Secretary

82

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

1231 SE 1ST STREET APT 8

83

84

City

FT. LAUD.

FL

85

Zip Code

33301

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 617.0502, Florida Statutes.

SIGNATURE

Lisa Aprea, Secretary

4-30-96

Signature, typed or printed name of registered agent, title, and date (NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**President
JACQUELYN E. SCOTT
216 SE 16 AVE
FT. LAUD. FL 33301**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**V. PRES.
MICHAEL COBB
100 SE 17 AVE
FT. LAUD FL 33301**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**LISA APREA - Secretary
1231 SE 13th AVE #8
FT. LAUD FL 33301**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**TREASURER
JOHN MONAHAN
1612 SE 2 CT
FT LAUD FL 33301**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**Director
SUSAN BRYAN
403 TARPON TERR
FT LAUD 33301**

☐ DELETE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**Director
STEVE CHUSMIR
1617 SE 2ST
FT LAUD FL 33301**

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Director

☐ Change

☐ Addition

1.2 NAME

Barbara ERICKSON

1.3 STREET ADDRESS

109 SE 16 AVE

1.4 CITY-ST-ZIP

FT LAUD FL 33301

2.1 TITLE

Director

☐ Change

☐ Addition

2.2 NAME

BERNIE McCormick

2.3 STREET ADDRESS

111 SE 17 AVE

2.4 CITY-ST-ZIP

FT LAUD FL 33301

3.1 TITLE

Director

☐ Change

☐ Addition

3.2 NAME

Bob VICK

3.3 STREET ADDRESS

1621 SE 2ST

3.4 CITY-ST-ZIP

FT LAUD FL 33301

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

100001831291

5.3 STREET ADDRESS

-05/21/96--01025--024

5.4 CITY-ST-ZIP

*****61.25**

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lisa Aprea, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

(954)

474 5800

Date

Daytime Phone #

CR2E037 (12/95)