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CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:17

DOCUMENT # N40108 (5)

1. Corporation Name

THE HAMMOCKS HOMEOWNERS' ASSOCIATION OF PALM HARBOR, INC.

Principal Place of Business

Mailing Address

457 HAMMOCK DRIVE  
P. O. BOX 1694  
PALM HARBOR FL 34683

457 HAMMOCK DRIVE  
P. O. BOX 1694  
PALM HARBOR FL 34683

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/05/1990  
3a. Date of Last Report 03/17/1994

4. FEI Number 59-3015403  
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 33920 US 19 NORTH  
Suite, Apt. #, etc.

26 PO BOX 1694  
Suite, Apt. #, etc.

22 SUITE 134  
City & State

27  
City & State

23 PALM HARBOR FL

28 PALM HARBOR FL

24 34684  
Country

29 34684  
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREIDINGER TED L.  
33920 US 19 NORTH  
STE. 134  
PALM HARBOR FL 34684

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|-----------------------|-------------------------------------------------------|-----------------------|
| TITLE                      | PD                    | 1.1 TITLE                                             | P                     |
| NAME                       | VANDERLAAN, ROBERT    | 1.2 NAME                                              | FREIDINGER, TED       |
| STREET ADDRESS             | 1683 SPOTTS WOOD CIR. | 1.3 STREET ADDRESS                                    | 1683 SPOTTS WOOD CIR  |
| CITY-ST-ZIP                | PALM HARBOR FL        | 1.4 CITY-ST-ZIP                                       | PALM HARBOR, FL 34683 |
| TITLE                      | VPD                   | 2.1 TITLE                                             | VP                    |
| NAME                       | HOYT, DAVE            | 2.2 NAME                                              | HUGUS, BRAD           |
| STREET ADDRESS             | 577 HAMMOCK DR.       | 2.3 STREET ADDRESS                                    | 1603 SPOTTS WOOD CIR  |
| CITY-ST-ZIP                | PALM HARBOR FL        | 2.4 CITY-ST-ZIP                                       | PALM HARBOR, FL 34683 |
| TITLE                      | SD                    | 3.1 TITLE                                             | S                     |
| NAME                       | PARKER, INA           | 3.2 NAME                                              | MIKE LANDI            |
| STREET ADDRESS             | 237 FOXCROFT DR. EAST | 3.3 STREET ADDRESS                                    | 202 FOXCROFT WEST     |
| CITY-ST-ZIP                | PALM HARBOR FL        | 3.4 CITY-ST-ZIP                                       | PALM HARBOR, FL 34683 |
| TITLE                      | TD                    | 4.1 TITLE                                             | T                     |
| NAME                       | FREIDINGER, TED       | 4.2 NAME                                              | STEPHEN SHAD          |
| STREET ADDRESS             | 1688 SPOTTSWOOD CIR   | 4.3 STREET ADDRESS                                    | 357 FOXCROFT EAST     |
| CITY-ST-ZIP                | PALM HARBOR FL        | 4.4 CITY-ST-ZIP                                       | PALM HARBOR, FL 34683 |
| TITLE                      | D                     | 5.1 TITLE                                             |                       |
| NAME                       | JARRELL, TOM          | 5.2 NAME                                              |                       |
| STREET ADDRESS             | 234 FOXCROFT DR. W.   | 5.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | PALM HARBOR FL        | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      | D                     | 6.1 TITLE                                             |                       |
| NAME                       | HUGUS, BRAD           | 6.2 NAME                                              |                       |
| STREET ADDRESS             | 1603 SPOTTSWOOD CIR   | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                | PALM HARBOR FL        | 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 110.07(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:

Ted Freidinger TED FREIDINGER 1/24/95 (95) 218-1600