

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N40108 (5)

1. Corporation Name

THE HAMMOCKS HOMEOWNERS' ASSOCIATION OF PALM HARBOR, INC.



Principal Place of Business

33920 US 19 NORTH
SUITE 134
PALM HARBOR FL 34684
US

Mailing Address

P.O. BOX 1694
PALM HARBOR FL 34682
US

3. Date Incorporated or Qualified
09/05/1990

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3015403

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

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

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 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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **VANDERLAAN, ROBERT**
STREET ADDRESS **1683 SPOTTS WOOD CIR.**
CITY - ST - ZIP **PALM HARBOR FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **TED FREIDINGER**
1.3 STREET ADDRESS **1688 SPOTTSWOOD CIR**
1.4 CITY - ST - ZIP **PALM HARBOR, FL 34683**

TITLE **VPD** ☐ DELETE
NAME **HOYT, DAVE**
STREET ADDRESS **577 HAMMOCK DR.**
CITY - ST - ZIP **PALM HARBOR FL**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **ROBERT VANDERLAAN**
2.3 STREET ADDRESS **1683 SPOTTS WOOD CIR.**
2.4 CITY - ST - ZIP **PALM HARBOR, FL 34683**

TITLE **SD** ☐ DELETE
NAME **PARKER, INA**
STREET ADDRESS **237 FOXCROFT DR. EAST**
CITY - ST - ZIP **PALM HARBOR FL**

3.1 TITLE **T** ☒ Change ☐ Addition
3.2 NAME **TED FREIDINGER**
3.3 STREET ADDRESS **1688 SPOTTSWOOD CIR**
3.4 CITY - ST - ZIP **PALM HARBOR, FL 34683**

TITLE **P** ☐ DELETE
NAME **FREIDINGER, TED**
STREET ADDRESS **1688 SPOTTSWOOD CIR**
CITY - ST - ZIP **PALM HARBOR FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME ☐ Change ☐ Addition
4.3 STREET ADDRESS ☐ Change ☐ Addition
4.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **JARRELL, TOM**
STREET ADDRESS **234 FOXCROFT DR. W.**
CITY - ST - ZIP **PALM HARBOR FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME ☐ Change ☐ Addition
5.3 STREET ADDRESS ☐ Change ☐ Addition
5.4 CITY - ST - ZIP ☐ Change ☐ Addition

TITLE **VP** ☐ DELETE
NAME **HUGUS, BRAD**
STREET ADDRESS **1803 SPOTTSWOOD CIR**
CITY - ST - ZIP **PALM HARBOR FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME ☐ Change ☐ Addition
6.3 STREET ADDRESS ☐ Change ☐ Addition
6.4 CITY - ST - ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)