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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **N40108** **(5)**

1. Corporation Name

THE HAMMOCKS HOMEOWNERS' ASSOCIATION OF PALM HAR BOR, INC.

Principal Place of Business	Mailing Address
33920 US 19 NORTH SUITE 134 PALM HARBOR FL 34684 US	P.O. BOX 1694 PALM HARBOR FL 34682-1694 US

3. Date Incorporated or Qualified: **09/05/1990**
3a. Date of Last Report: **04/23/1996**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VANDERLAAN, ROBERT		1.2 NAME		
STREET ADDRESS	1683 SPOTTS WOOD CIR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HOYT, DAVE		2.2 NAME		
STREET ADDRESS	577 HAMMOCK DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	SD MIKE LANDI	☐ Change ☒ Addition
NAME	PARKER, INA		3.2 NAME		
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	
TITLE	PTD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	FREIDINGER, TED		4.2 NAME		
STREET ADDRESS	1688 SPOTTSWOOD CIR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
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	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
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		

CR2E037 (9/96)

14. I do 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 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] [illegible] 1/17/97 (813) 786-1601
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0088632