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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N40108**

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 US

2. Principal Place of Business 21 1188 OMAHA CIRCLE	2a. Mailing Address 26	3. Date Incorporated or Qualifed 09/05/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3015403 ☐ Applied For ☐ Not Applicable
City & State 23 PALM HARBOR FL	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 34683 25 USA	Zip / Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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)
1188 OMAHA CIR

83
P.O. BOX 736

84 City PALM HARBOR FL 85 Zip Code 34683

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	PRESIDENT PD	☐ Change ☑ Addition
NAME	VANDERLAAN, ROBERT		1.2 NAME	ANGELA O DELL	
STREET ADDRESS	1683 SPOTTS WOOD CIR.		1.3 STREET ADDRESS	1673 SPOTTSWOOD CIR	
CITY-ST-ZIP	PALM HARBOR FL		1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE	SD	☐ DELETE	2.1 TITLE	TREASURER TD	☑ Change ~~☑ Addition~~
NAME	LANDI, MIKE		2.2 NAME		
STREET ADDRESS	202 FOXCROFT W		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		2.4 CITY-ST-ZIP	34683	
TITLE	PTD	☐ DELETE	3.1 TITLE	1ST VICE PRES VPD	☑ Change ~~☑ Addition~~
NAME	FREIDINGER, TED		3.2 NAME		
STREET ADDRESS	1688 SPOTTSWOOD CIR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM HARBOR FL		3.4 CITY-ST-ZIP	34683	
TITLE	VP	☒ DELETE	4.1 TITLE	2ND VICE PRES VPD	☐ Change ☑ Addition
NAME	HUGUS, BRAD		4.2 NAME	WALLY O DELL	
STREET ADDRESS	1603 SPOTTSWOOD CIR		4.3 STREET ADDRESS	1673 SPOTTSWOOD CIR	
CITY-ST-ZIP	PALM HARBOR FL		4.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		☐ DELETE	5.1 TITLE	SECRETARY SD	☐ Change ☒ Addition
NAME			5.2 NAME	DONNA FREIDINGER	
STREET ADDRESS			5.3 STREET ADDRESS	1688 SPOTTSWOOD CIR.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	DIANA CAPO	
STREET ADDRESS			6.3 STREET ADDRESS	1689 SPOTTSWOOD CIR	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	PALM HARBOR, FL 34683	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1/10/99 (727) 786-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #