

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

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DOCUMENT # N40108

1. Corporation Name

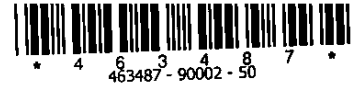
THE HAMMOCKS HOMEOWNERS' ASSOCIATION OF PALM HARBOR, INC.

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



2. Principal Place of Business

21 1188 OMAHA CIRCLE

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/05/1990

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

22 City & State

23 PALM HARBOR FL

27 City & State

28

24 Zip Country

25 34683 USA

29 Zip Country

30

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME VANDERLAAN, ROBERT
STREET ADDRESS 1683 SPOTTSWOOD CIR.
CITY-ST-ZIP PALM HARBOR FL

☒ DELETE

TITLE SD
NAME LANDI, MIKE
STREET ADDRESS 202 FOXCROFT W
CITY-ST-ZIP PALM HARBOR FL

☐ DELETE

TITLE PTD
NAME FREIDINGER, TED
STREET ADDRESS 1688 SPOTTSWOOD CIR
CITY-ST-ZIP PALM HARBOR FL

☐ DELETE

TITLE VP
NAME HUGUS, BRAD
STREET ADDRESS 1603 SPOTTSWOOD CIR
CITY-ST-ZIP PALM HARBOR FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT PD
1.2 NAME ANGELA O DELL
1.3 STREET ADDRESS 1673 SPOTTSWOOD CIR
1.4 CITY-ST-ZIP PALM HARBOR, FL 34683

☐ Change ☒ Addition

2.1 TITLE TREASURER TD
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 34683

☒ Change ☒ Addition

3.1 TITLE 1ST VICE PRES VPD
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP 34683

☒ Change ☒ Addition

4.1 TITLE 2ND VICE PRES VPD
4.2 NAME WALLY O DELL
4.3 STREET ADDRESS 1673 SPOTTSWOOD CIR
4.4 CITY-ST-ZIP PALM HARBOR, FL 34683

☐ Change ☒ Addition

5.1 TITLE SECRETARY SD
5.2 NAME DONNA FREIDINGER
5.3 STREET ADDRESS 1688 SPOTTSWOOD CIR
5.4 CITY-ST-ZIP PALM HARBOR, FL 34683

☐ Change ☒ Addition

6.1 TITLE D
6.2 NAME DIANA CAPO
6.3 STREET ADDRESS 1689 SPOTTSWOOD CIR
6.4 CITY-ST-ZIP PALM HARBOR, FL 34683

☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/01/99 (727) 786-1600

CR2E037 (11/98)