


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N40108</b>	
1. Entity Name <b>THE HAMMOCKS HOMEOWNERS' ASSOCIATION OF PALM HARBOR, INC.</b>	

Principal Place of Business <b>252 HAMMOCK DRIVE PALM HARBOR, FL 34683 US</b>	Mailing Address <b>P.O. BOX 1694 PALM HARBOR, FL 34682 US</b>
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01122008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-3015403</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MC DONALD, LENORE  
252 HAMMOCK DRIVE  
PALM HARBOR, FL 34683**

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MC DONALD, LENORE 252 HAMMOCK DRIVE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THURESON, DENNIS 276 HAMMOCK DR. PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'DELL, ANGELA 1673 SPOTTSWOOD CIR PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S FARQUHR, DEBRA 294 FOXCROFT DR E PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KUZEL, DANETTE 515 HAMMOCK DRIVE PALM HARBOR, FL 34683
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RUDMAN, REBECCA 158 FOXCROFT DR. E. PALM HARBOR, FL 34683

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01/17/08-80031-021 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Lenore McDonald* **Lenore McDonald** 1-12-08 (727) 787 6244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #