


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90138 026 ****61.25

DOCUMENT # N42373 1. Entity Name HAMMOCK LAKE MOBILE HOMEOWNERS, INC.					
Principal Place of Business 1803 WISTERIA DR 1803 Azalea Way FT. MEADE, FL 33841 US				Mailing Address 1803 1803 AZLAE WAY SOUTH FORT MEADE, FL 33841-9748 US	
2. Principal Place of Business Hammock Lake Mobile Home Park Suite, Apt. #, etc.		3. Mailing Address 1803 Azalia Way Suite, Apt. #, etc.			
City & State Fort Meade, Florida		City & State Fort Meade, Florida		4. FEI Number 59-3055934	
Zip 33841		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLING, LEE JAY 682 MAITLAND AVENUE ALTAMONTE SPRINGS, FL 32701				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BOLTON-GERALDINE, JERI 1805 AZALEA WAY SO FORT MEADE, FL 33841	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Joyce Gaff 1803 Azalia Way Ft. Meade, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOETTH, CURT 1841 MAGNOLIA DR. FORT MEADE, FL 33841	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Barbara Fortin 1816 Magnolia Dr. S. Ft. Meade, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOLTON, JOHN M 1805 AZALEA WAY, SO FORT MEADE, FL 33841	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S marcia Grieder 1802 Wisteria Ct. Ft. Meade, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMMER, RUSSELL 1807 LAKEVIEW DR FORT MEADE, FL 33841	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Hines, Robert 1825 Lakeview Dr. E Ft. Meade, FL 33841	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HINES, ROBERT 1825 LAKEVIEW DRIVE . E FORT MEADE, FL 33841	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Charles Boice 1801 Wisteria Ct. Ft. Meade, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAXWELL, JOHN 1819 MAGNOLIA DRIVE FORT MEADE, FL 33841	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marilyn Senn 1805 Magnolia Dr. S. Ft. Meade, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Ad

12. 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 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Fortin* *Barbara Fortin* 4-18-05 (863) 285-8327

ATTACHMENT H0066425
NR373

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Monroe, Helen
1815 Lakeview Dr.
Ft. Meade, FL 33841