


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90059 008 ****70.00

DOCUMENT # N42373 1. Entity Name HAMMOCK LAKE MOBILE HOMEOWNERS, INC.					
Principal Place of Business HAMMOCK LAKE MOBILE HOME PARK FORT MEADE, FL 33841 US			Mailing Address 1803 AZALIA WAY FORT MEADE, FL 33841 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 1816 Magnolia Dr. S. Suite, Apt. #, etc.			
City & State 		City & State Fort Meade, FL		4. FEI Number 59-3055934	
Zip 		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33841		Country US		Applied For <input type="checkbox"/> Not Applicable	
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 <div style="text-align: right;">FL Zip Code</div>		
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, 2006		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	P GAFF, JOYCE <input checked="" type="checkbox"/> Delete 1803 AZALIA WAY FORT MEADE, FL 33841		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Barbara Fortin 1816 Magnolia Dr. S. Fort Meade, FL 33841	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete FORTIN, BARBARA 1816 MAGNOLIA DR S FORT MEADE, FL 33841		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Charles Boice 1801 Wisteria Ct Fort Meade, FL 33841	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete GRIEDER, MARCIA 1802 WISTERIA COURT FORT MEADE, FL 33841		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Joyce Gaff 1803 Azalia Way Fort Meade, FL 33841	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete HINES, ROBERT 1825 LAKEVIEW DRIVE E FORT MEADE, FL 33841		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Helen Monroe 1815 Lakeview Dr. Fort Meade, FL 33841	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete HINES, ROBERT 1825 LAKEVIEW DRIVE . E FORT MEADE, FL 33841		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SENN, MARILYN 1805 MAGNOLIA DRIVE S FORT MEADE, FL 33841		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Barbara Fortin</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-1-06 (863)285-8337 <small>Date Daytime Phone #</small>		