

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90003 017 ****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 1816 MAGNOLIA DR. S FORT MEADE, FL 33841 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3055934			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" 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 <u>Phillip E. Kuhn</u> Street Address (P.O. Box Number is Not Acceptable) <u>625 Commerce Dr. Suite 204</u> City <u>Lakeland</u> FL <u>33813</u>		
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 <u>Phillip E. Kuhn</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Phillip E. Kuhn</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<u>March 19 2007</u> <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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 P NAME FORTIN, BARBARA STREET ADDRESS 1816 MAGNOLIA DR S CITY-ST-ZIP FORT MEADE, FL 33841	<input type="checkbox"/> Delete		TITLE S NAME MARCIA GRIEDER STREET ADDRESS 1802 WISTERIA COURT CITY-ST-ZIP FORT MEADE, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE V NAME BOICE, CHARLES STREET ADDRESS 1801 WISTERIA CT CITY-ST-ZIP FORT MEADE, FL 33841	<input type="checkbox"/> Delete		TITLE T NAME BOB HINES STREET ADDRESS 1825 LAKEVIEW DR. CITY-ST-ZIP FORT MEADE, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME GAFF, JOYCE STREET ADDRESS 1803 AZALIA WY CITY-ST-ZIP FORT MEADE, FL 33841	<input checked="" type="checkbox"/> Delete		TITLE D NAME WAYNE ANDERSON STREET ADDRESS 1839 MAGNOLIA DR. S. CITY-ST-ZIP FORT MEADE, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME MONROE, HELEN STREET ADDRESS 1815 LAKEVIEW DR CITY-ST-ZIP FORT MEADE, FL 33841	<input checked="" type="checkbox"/> Delete		TITLE D NAME Jean Quick STREET ADDRESS 1810 magnolia Dr. S. CITY-ST-ZIP Fort meade, FL 33841	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE D NAME SENN, MARILYN STREET ADDRESS 1805 MAGNOLIA DRIVE S CITY-ST-ZIP FORT MEADE, FL 33841	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <u>Barbara Fortin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>3-20-07(863)285-6488</u> <small>Date Daytime Phone #</small>		