2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State
02-25-2008 90041 047 ****70.00

DOCUMENT # N42373

1. Entity Name
HAMMOCK LAKE MOBILE HOMEOWNERS, INC.

Principal Place of Business	Mailing Address
HAMMOCK LAKE MOBILE HOME PARK FORT MEADE, FL 33841 US	~~1802 MAGNOLIA DR S~~ 1802 Wisteria Court 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

02182008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3055934 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KUHN, PHILLIP E 625 COMMERCE DR SUITE 204 LAKELAND, FL 33813	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 Phillip E. Kuhn 2-19-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 FORTIN, BARBAR 1816 MAGNOLIA DR S FORT MEADE, FL 33841	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P President Marcia Grieder 1802 Wisteria Court ft. Meade, fl 33841	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BOICE, CHARLES 1801 WISTERIA CT FORT MEADE, FL 33841	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Vice President Wayne Anderson 1839 Magnolia Dr. S. ft. Meade, fl 33841	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANDERSON, WAYNE 1939 MAGNOLIA DR S FORT MEADE, FL 33841	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Treasurer Bob Hines 825 Lakeview Dr ft. Meade, fl 33841	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D QUICK, JEAN 1810 MAGNOLIA DR S FORT MEADE, FL 33841	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Secretary SUSAN Kitzmiller 1823 Azalea Way S. Ft. Meade, fl 33841	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SENN, MARILYN 1805 MAGNOLIA DRIVE S FORT MEADE, FL 33841	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Director Kermit Atchley 1821 Azalea Way S. Ft. Meade, fl 33841	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GRIEDER, MARCIA 1802 WISTERIA CT FORT MEADE, FL 33841	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Susan Kitzmiller Susan Kitzmiller, Secretary 2-18-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #