


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90071 043 ****61.25

DOCUMENT # N47826 1. Entity Name HAMMOCK LAKES DISTRICT ASSOCIATION, INC.					
Principal Place of Business P. O. BOX 410168 VIERA, FL 32941			Mailing Address P. O. BOX 410168 VIERA, FL 32941		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3120093	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
BRIGGS, WILLIAM M VD 6987 BLACKBERRY CT VIERA, FL 32940				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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 reconstituting)</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	PD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPPIN, MICHAEL			NAME	
STREET ADDRESS	7097 HAMMOCK LAKES DR.			STREET ADDRESS	
CITY-ST-ZIP	VIERA, FL 32940			CITY-ST-ZIP	
TITLE	VD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIGGS, WILLIAM M			NAME	
STREET ADDRESS	6987 BLACKBERRY CT			STREET ADDRESS	
CITY-ST-ZIP	VIERA, FL 32940			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELICIANO, ELSA N			NAME	
STREET ADDRESS	7257 HAMMOCK LAKES DR.			STREET ADDRESS	
CITY-ST-ZIP	VIERA, FL 32940			CITY-ST-ZIP	
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, ALLEN E			NAME	
STREET ADDRESS	6952 WILLOW CT			STREET ADDRESS	
CITY-ST-ZIP	VIERA, FL 32940			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, JERRY J			NAME	
STREET ADDRESS	6916 HAMMOCK LAKES DR.			STREET ADDRESS	
CITY-ST-ZIP	VIERA, FL 32940			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Elsa N. Feliciano</i> <i>Elsa N. Feliciano</i> 20 Feb 05 (321) 253-6494 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					