FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48701** **(9)**

1. Corporation Name

HAMMOND FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1432 JUNIPER BUSH COURT JACKSONVILLE FL 32221	1432 JUNIPER BUSH COURT JACKSONVILLE FL 32221

3. Date Incorporated or Qualified: 04/30/1992
3a. Date of Last Report: 02/08/1995

2. Principal Place of Business
21: 8746 Hammond Forest DR
22: Suite, Apt. #, etc.
23: City & State: Jacksonville FL
24: Zip: 32221 FE
25: Country: USA

2a. Mailing Address
26: 8746 Hammond Forest DR
27: Suite, Apt. #, etc.
28: City & State: Jacksonville FL
29: Zip: 32221
30: Country: USA

4. FEI Number: 59-3014858 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LYNSKEY, BRIAN
8666 HAMMOND FOREST DR.
JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ARMSTRONG, STEVE 1437 JUNIPER BUSH COURT JACKSONVILLE FL	■ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Donald EllsWorth 8746 Hammond Forest DR Jacksonville, FL 32221	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ARMSTRONG, ERIN 1441 JUNIPER BUSH COURT JACKSONVILLE FL 32221	■ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PRINGLE, DARLA 1432 JUNIPER BUSH COURT JACKSONVILLE FL 32221	■ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD Melissa DaSilva 8635 Hammond Forest DR Jacksonville, FL 32221	☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LYNSKEY, BRIAN 8666 HAMMOND FOREST DRIVE JACKSONVILLE FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD Brian Lynskey 8666 Hammond Forest DR Jacksonville FL 32221	■ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	800001841998 -05/29/96--01020--010 ***61.25	☐ Change ☐ Addition 5-28-96 AEB

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Melissa K DaSilva 4/26/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Melissa K. DaSilva -Treasurer