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*NONPROFIT CORPORATION ANNUAL REPORT
1997

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
8746 HAMMOND FOREST DRIVE JACKSONVILLE FL 32221	8746 HAMMOND FOREST DRIVE JACKSONVILLE FL 32221-1490

3. Date Incorporated or Qualified: 04/30/1992
3a. Date of Last Report: 05/28/1996

2. Principal Place of Business — 21: 8698 Hammond Forest Dr; 22: Suite, Apt. #, etc.; 23: City & State: Jacksonville FL; 24: Zip: 32221; 25: Country: USA

2a. Mailing Address — 26: 8698 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	D ELLSWORTH, DONALD 8746 HAMMOND FOREST DRIVE JACKSONVILLE FL 32221	■ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Rebecca Fontaine 8698 Hammond Forest DR Jacksonville, FL 32221 — ☐ Change ■ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD DASILVA, MELISSA 8635 HAMMOND FOREST DRIVE 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 LYNSKEY, BRIAN 8666 HAMMOND FOREST DRIVE JACKSONVILLE FL 32221	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ 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	☐ Change ☐ Addition

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14. I do 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 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 TD Director Treasurer 4/29/97 904-695-9767
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION OR LEGAL ENTITY TO SIGN THIS REPORT. TITLE OF AUTHORIZED INDIVIDUAL: DIRECTOR, OFFICER OR AGENT. Date Daytime Phone Number