

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N48701

1. Entity Name

HAMMOND FOREST HOMEOWNERS ASSOCIATION, INC.

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90082 049 ****61.25

Principal Place of Business

Mailing Address

8666 HAMMOND FOREST DRIVE
JACKSONVILLE FL 32221

8666 HAMMOND FOREST DRIVE
JACKSONVILLE FL 32221-1490

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

59-3014858

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

LYNSKEY, BRIAN
8666 HAMMOND FOREST DR.
JACKSONVILLE FL 32221

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME TAYLOR, JAMES
STREET ADDRESS 8658 HAMMOND FOREST DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPD ☐ Delete
NAME PEDRONI, GARY
STREET ADDRESS 8682 HAMMOND FOREST DR
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LYNSKEY, BRIAN
STREET ADDRESS 8666 HAMMOND FOREST DR
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☒ Change ☐ Addition
NAME BRIAN
STREET ADDRESS (CORRECT)
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROGERS, MILLIE
STREET ADDRESS 8722 HAMMOND FOREST DR
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNSKEY

1/31/00

Date

904-354-4000

Daytime Phone #

CR2E037 (9/99)