2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # N48701

1. Entity Name
HAMMOND FOREST HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8626 HAMMOND FOREST DR JACKSONVILLE, FL 32221	8626 HAMMOND FOREST DR JACKSONVILLE, FL 32221

DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2E037 (4/06)

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

ROACH, MICHAEL
8626 HAMMOND FOREST DR
JACKSONVILLE, FL 32221

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

Filing Fee is $61.25
Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROACH, MICHAEL PD
STREET ADDRESS	8626 HAMMOND FOREST DR
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	VD
NAME	WRIGHT, J.D. VD
STREET ADDRESS	8618 HAMMOND FOREST DR
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	STD
NAME	PEDRONI, GRAY
STREET ADDRESS	8682 HAMMOND FOREST DR
CITY-ST-ZIP	JACKSONVILLE, FL 32221
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/18/08-80033-007 61.25

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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: M.J. ROACH, PRESIDENT 3/1/08 904-783-8421
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #