

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90002 013 ****61.25

DOCUMENT # N93000000397 1. Entity Name HAMMOCK POINTE HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business WORLD OF HOMES 2884 S OSCEOLA AVE ORLANDO, FL 32806 US			Mailing Address WORLD OF HOMES 2884 S OSCEOLA AVE ORLANDO, FL 32806 US		
2. Principal Place of Business - No P.O. Box # clo World of Homes Suite, Apt. #, etc. 2884 S. Osceola Avenue City & State Orlando, FL Zip 32806		3. Mailing Address clo World of Homes Suite, Apt. #, etc. 2884 S. Osceola Avenue City & State Orlando, FL Zip 32806			
4. FEI Number 59-3215223		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DRAZ, VICKI WORLD OF HOMES 2884 S OSCEOLA AVE ORLANDO, FL 32806			7. Name and Address of New Registered Agent Name Ferdinandson Enterprises, Inc. Street Address (P.O. Box Number is Not Acceptable) 2884 S. Osceola Avenue City Orlando State FL Zip Code 32806		
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  Vicki Draz DATE 2-7-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHLUTZ, ALISON <input checked="" type="checkbox"/> Delete 5203 HAMMOCK POINTE CT. SAINT CLOUD, FL 34771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Lukstead, Pete 5253 Hammock Circle Saint Cloud, FL 34771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Delete LUKSTEAD PETE 5253 HAMMOCK CIRCLE SAINT CLOUD, FL 34771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Wolf Becky 5205 Hammock Pointe Ct Saint Cloud, FL 34771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete RAMIREZ, EDITH 5212 HAMMOCK POINTE CR. SAINT CLOUD, FL 34771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TALLY, DIANA 5228 HAMMOCK POINTE CR. SAINT CLOUD, FL 34771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LIONE, HENRY 5233 HAMMOCK CIRCLE SAINT CLOUD, FL 34771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MURRAY, MIKE 5246 HAMMOCK CIRCLE SAINT CLOUD, FL 34771		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 2-4-08		Daytime Phone # 407-908-1524
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>