2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90046 021 ****61.25

DOCUMENT # N95000005921

1. Entity Name
LAKE HAMMOCK VILLAGE HOME OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1300 US HIGHWAY 27 N HAINES CITY, FL 33844 US	~~682 MAITLAND AVE~~ ~~ALTAMONTE SPRINGS, FL 32701 US~~

02022005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	LAKE HAMMOCK VILLAGE HOA Suite, Apt. #, etc. P.O. BOX 1315
City & State	City & State HAINES CITY, FL
Zip / Country	Zip 33845 / Country POLK

4. FEI Number 59-3355494 ☐ 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
~~GOLLINS, LEE JAY~~ ~~682 MAITLAND AVENUE~~ ~~ALTAMONTE SPRINGS, FL 32701~~	Name LINDA STATON Street Address (P.O. Box Number is Not Acceptable) 148 GLEN ESTE BLVD City HAINES CITY FL Zip Code 33844

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 LINDA Staton, President Linda Staton 2/3/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD EDELSTEIN, RUBY 94 REINEKE RD. HAINES CITY, FL 33844	☒ Delete	P LINDA STATON 148 GLEN ESTE BLVD HAINES CITY FL 33844	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JEANNINE, CRAIG 84 REINEKE RD. HAINES CITY, FL 33844	☒ Delete	D DAVE JOHNSON 183 GLEN ESTE BLVD HAINES CITY, FL 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STATON, LINDA 148 GLEN ESTE BLVD. HAINES CITY, FL 33844	☒ Delete	T SAM HOUSER 74 SILVER CREST DR. HAINES CITY, FL 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PATELUNAS, WILLIAM R 174 GLEN ESTE BLVD HAINES CITY, FL 33844	☐ Delete	D CHUCK OSBORN 185 GLEN ESTE BLVD HAINES CITY, FL 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BLOSS, ROBERT 12 SILVER CREST DR. HAINES CITY, FL 33844	☐ Delete	V GEORGE PALMER 162 GLEN ESTE BLVD HAINE CITY, FL 33844	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SMITH, MARILYN 67 SARGENT ST. HAINES CITY, FL 33844	☒ Delete	S JEAN FOX 43 REINEKE RD. HAINES CITY, FL 33844	☐ Change ☒ Addition

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: Linda Staton President LINDA STATON 2/3/05 863-421-2517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

ADDITIONAL SHEET 400016180

DOCUMENT # N95000005921

FEI NUMBER 59-3355494

BLOCK # 11 (ADDITION)

TITLE	D
NAME	STEVE TOTH
STREET ADDRESS	15 SILVER CREST DR,
CITY-ST-ZIP	HAINES CITY, FL. 33844