

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005921

FILED
Feb 16, 2012
Secretary of State

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

Current Principal Place of Business:

1300 US HIGHWAY 27 N
HAINES CITY, FL 33844 US

New Principal Place of Business:

Current Mailing Address:

26 SILVER CREST DR
HAINES CITY, FL 33844 US

New Mailing Address:

FEI Number: 59-3355494

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOULD, RICHARD A
130 SILVER CREST DR
HAINES CITY, FL 33844 US

Name and Address of New Registered Agent:

LENNOX, DAVID J
117 SILVER CREST DR
HAINES CITY, FL 33844 US

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: DAVID J LENNOX

02/16/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: LENNOX, DAVID J
Address: 117 SILVER CREST DR
City-St-Zip: HAINES CITY, FL 33844

Title: VP
Name: GOULD, RICHARD
Address: 130 SILVER CREST DR
City-St-Zip: HAINES CITY, FL 33844

Title: T
Name: EVANS, PETE
Address: 104 REINEKE RD
City-St-Zip: HAINES CITY, FL 33844

Title: S
Name: HUGHEY, DOREEN
Address: 170 GLEN ESTE BLVD
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: ANTHIS, TAMMY
Address: 50 SARGENT ST
City-St-Zip: HAINES CITY, FL 33844

Title: D
Name: MAROTTI, ROBERT
Address: 65 SARGENT
City-St-Zip: HAINES CITY, FL 33844

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DAVID J LENNOX

P

02/16/2012

Electronic Signature of Signing Officer or Director

Date