

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000002903

1. Entity Name
**HAMMOCK OAKS COMMERCIAL PLAZA OWNER'S
ASSOCIATION, INC.**



Principal Place of Business
**561 E. MITCHELL HAMMOCK RD.
100
OVIEDO, FL 32765**

Mailing Address
**PO BOX 621046
OVIEDO, FL 32762-1046 US**



04242008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3444468	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

**FRANZ, FREDERICK W
1259 SECOND AVE
CHULUOTA, FL 32766**

**DO NOT WRITE
IN THIS SPACE**

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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000925474
05/20/08-80028-008 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FRANZ, FREDERICK W 1259 SECOND AVE. CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FRANZ, KATHY L 1259 SECOND AVE. CHULUOTA, FL 32766
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PETERSON, ROY D 1750 WEST BROADWAY OVIEDO, FL 32765
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HUGGINS, TRACY 301 N.E. IVANHOE BLVD ORLANDO, FL 32804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/08

Date

407-366-2225

Daytime Phone #