

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003627

1. Entity Name

OAK HAMMOCK MOBILE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

2455 HIGHWAY 17 SOUTH #104
BARTOW FL 33830

Mailing Address

2455 HIGHWAY 17 SOUTH #104
BARTOW FL 33830

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3412485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RESNICK, MICHAEL L
1342 E. VINE STREET
SUITE 236
KISSIMMEE FL 34744

7. Name and Address of New Registered Agent

Name Jack Norris (acting Resident Agent)
Street Address (P.O. Box Number is Not Acceptable)
2455 Hwy 17 South Lot 64
City Bartow FL Zip Code 33830

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORRIS, JACK 2455 HIGHWAY 17 SOUTH, #57 BARTOW FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NOABUAN, FRANK 2455 HWY 17 SO. #45 BARTOW FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HITCHCOCK, BERNICE 2455 HWY 17 SO #46 BARTOW FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, FRANK 2355 HIGHWAY 17 SOUTH, #22 BARTOW FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEACH, BETTA 2455 HWY 17 S. #60 BARTOW FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NORRIS, JACK 2455 HWY. 17 South Lot 64 Bartow, FL 33830	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD NORBURN, FRANK 2455 Hwy 17 South Lot 45	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HITCHCOCK, BERNICE 2455 HWY 17 South Lot 46	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEMPSTEAD, GERALD 2455 HWY 17 South Lot 30	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BEACH, BETTA 2455 HWY 17 South Lot 60	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)



DO NOT WRITE IN THIS SPACE

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90077 036 ****61.25