

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 12, 2004 8:00 am
Secretary of State

04-22-2004 90009 045 ****61.25

DOCUMENT # N96000003627					
1. Entity Name OAK HAMMOCK MOBILE HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2455 HIGHWAY 17 SOUTH LOT 06 BARTOW FL 33830			Mailing Address 2455 HIGHWAY 17 SOUTH LOT 06 BARTOW FL 33830		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	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 NORRIS, JACK 2455 HWY 17 SOUTH LOT 57 BARTOW FL 33830			7. Name and Address of New Registered Agent Name FISHER, TOM Street Address (P.O. Box Number is Not Acceptable) 2455 Hwy. 17 South Lot # 6 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>J. Thomas Fisher</i></u> (J. THOMAS FISHER) DATE <u>5/4/04</u> Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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 NORRIS, JACK 2455 HIGHWAY 17 SOUTH, #57 BARTOW FL 33830 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FISHER, TOM 2455 Hwy 17 South # 6 BARTOW, FL 33830 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DILLS, ROGER 2455 HWY 17 SOUTH #92 BARTOW FL 33830 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIGNAC, KAY 2455 Hwy 17 South #31 BARTOW, FL 33830 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEACH, BETTY 2455 HWY 17 SOUTH #60 BARTOW FL 33830 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BEACH, BETTA 2455 HWY 17 South # 60 BARTOW, FL 33830 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORENZ, CHUCK 2455 HWY 17 SOUTH #62 BARTOW FL 33830 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LORENZ, CHUCK 2455 HWY 17 South # 62 BARTOW, FL 33830 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWLES, JANET 2455 HWY 17 SOUTH #91 BARTOW FL 33830 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROWLES, JANET 2455 HWY 17 South #91 BARTOW, FL 33830 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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 an other like empowered.					
SIGNATURE: <u><i>Charles A. Lorenz</i></u> CHARLES A. LORENZ 4/17/04 863-519-0914 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

66420957



MOORE CR2E037 (11/03)