# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 03, 2002 8:00 am**
**Secretary of State**
04-03-2002 90006 046 ****61.25

DOCUMENT # N99000001594

1. Entity Name

Woods of Hammock Place
Homeowners Association, Inc.

B0054454

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 51st Ave. E. & 21st Way | P.O. Box 2012 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Bradenton, FL | City & State: Oneco, FL |
| Zip: 34203 Country: US | Zip: 34264 Country: US |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 658964726 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Nick Roknich
Street Address (P.O. Box Number is Not Acceptable): 1800 Second STreet, Suite 901
Sarasota, FL 34236
City: Sarasota, FL 34236 **FL** Zip Code

Cancel

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.

Edwin M. Boyer
1800 2nd Street
Sarasota, FL 34236

SIGNATURE _____ 3-19-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS $61.25**
**Initial or Amended UBR**

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 | President |
| NAME | Harold B. Crapo |
| STREET ADDRESS | P.O. Box 2012 |
| CITY-ST-ZIP | Oneco, FL 34264 |
| TITLE | Vice President |
| NAME | Stephen Turner |
| STREET ADDRESS | P.O. Box 2012 |
| CITY-ST-ZIP | Oneco, FL 34264 |
| TITLE | Secretary |
| NAME | Kelly Adden |
| STREET ADDRESS | P.O. Box 2012 |
| CITY-ST-ZIP | Oneco, FL 34264 |
| TITLE | Treasurer |
| NAME | Mary Lynn Dwight |
| STREET ADDRESS | P.O. Box 2012 |
| CITY-ST-ZIP | Oneco, FL 34264 |
| TITLE | Director At Large |
| NAME | James LaConte |
| STREET ADDRESS | P.O. Box 2012 |
| CITY-ST-ZIP | Oneco, FL 34264 |
| TITLE | |
| NAME | |
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Harold B. Crapo, Jr. President 3-20-02 941 756-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #