## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Country

9. Name and Address of Current Registered Agent

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DOCUMENT #  1. Corporation Name	P93000072489	(6)
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HAMMOCK CREEK REALTY, INC.

HAMMOCK CREEK REALTY	/, ING.					
Principal Place of Business	Mailing Address	1 1001100				
4152 W. BLUE HERON BLVD. 4152 W. BLUE HERON BLVD. SUITE 128 SUITE 128 RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404						
RIVIERA BEACH FL 33404	RIVIERA BEACH FL 33404	<ol> <li>Date Incorporated or Qualified</li> <li>10/08/1993</li> </ol>	3a. Date of Last Report 05/01/1995			
	2a. Mailing Address	4. F£t Number	Applied For			
2. Principal Place of Business	<b>├</b> ──	65-0584145	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be			

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ELMORE, GEORGE T 2350 SO CONGRESS AVE.	
	FLMORE, GEORGE T
DELRAY BEACH FL 33445	

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		Tru	st Fund Contributio	on 🗀		Added to Fees
ountry			s corporation has li	ability for intan	pible tax u No	inder's 199.032,
		10. Na	me and Address	of New Regis	tered Ag	ent
81	Name					
82	Street Addre	ess (P.O. I	Box Number is Not	Acceptable)		
83	<del></del>					
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11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Soction 607,0505, Florida Statutes.

SIGNATURE _	signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rugistered Agent signature (req fired w	neri reinstating) OATE		12 n T 10
	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	RS IN 12
Z.	PD DELETE	1 1 TITLE		☐ Change	☐ Addition
IME .	ELMORE, GEORGE T	1.2 NAME			
	2350 S. CONGRESS AVE.	1.3 STREET ADDRESS			
REET ADDRESS	DELRAY BEACH FL 33445-7398	1.4 CITY - ST - ZIP		F 7 0	☐ Addition
TY-ST-ZIP LE	VD DELETE	2 1 TITLE		Change	Addition
AME	SCHAEFER, CONRAD W	2.2 NAME			
REET ADDRESS	4152 W. BLUE HERON BLVD., SUITE 128	2.3 STREET ADDRESS			
	RIVIERA BEACH FL 33404	2.4 CITY · ST - ZIP		Chappe.	M Addition
TY - ST - ZIP TLE	STD DELETE	3 1 TILLE		☐ Change	☐ Additio
ME	FAGAN, GREGORY J	3 2 NAME	8000017792	orario	
rreet address	4152 W. BLUE HERON BLVD., SUITE 128	3.3 STREET ADDRESS	-04/15/96010180		
	RIVIERA BEACH FL 33404	3 4 City - ST - ZIF	***400.00	Change	Additio
TY - ST - 7:P TLE	D DELETE	E 4. 1 ToTLE	<i>**</i> *†88,60	☐ Change	☐ ABditio
AME	SHEEHAN, RICHARD C	4.2 NAME.			
TREET ADDRESS	200 ADMIRAL'S COVE BLVD.	4.3 STREET ADDRESS			
ITY-ST-ZIP	JUPITER FL 33477	4.4.C:1Y - SI - ZIP		☐ Change	☐ Additio
TLE	□ DETE	E 5 1 TITLE		☐ Change	L Addition
AME		5.2 NAME			
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		5.4 CITY · ST - ZIP		☐ Change	☐ Additi
ITY - ST - ZIP	□ DELET	IE 6 1 TITLE		☐ change	L) Additi
IAME		6 2 NAME			
iame Street address		5.3 STREET ADDRESS			
VIREE! ADDRESS		6.4.0(1Y-ST-ZIP			

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual export is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual export is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation at the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Right 12 or Right 12 or Right 13 of Right 13 or Right 14 or R appears in Block 12 or

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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