SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

P95000041237 (5)

HAMMOCK LAKE MOBILE HOME AND RV PARK, INCORPORAT

FILED

96 SEP 19 PM 4:11

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Plac	e or Business	Malling Address	Mailing Address			1 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A 2 A		
1801 HIGHWAY 17 SOUTH FT. MEADE FL 33841		1801 HIGHWAY 17 SO FT. MEADE FL 33841	1801 HIGHWAY 17 SOUTH FT. MEADE FL 33841					
						3. Date incorporated or Qualified 05/25/1995	3a. Date of Last Report	
2. Principal F	Place of Business	2a. Mailing Address	a. Mailing Address			4. FEI Number	Applied For	
21		26					Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	-			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & Stat	e	City & State				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	Ζιρ 29	Zip Country 30			8. This corporation has liability for intangible tax under s. 199 032. Florida Statutes Yes No		
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re-	stered Agent	
· R	LAKEMAN, WILLIAM S ESQ			81	Name			
341 WEST DAVIDSON STREET SUITE 302							#5~~#J##36~~#UU6	
	ARTOW FL 33830			83		****225.00 *****225.00		
				84	City		FL 85 Zip Code	
office or i	to the provisions of Sections 607.0502 registered agent, or both, in the State in im familiar with, and accept the obliga	of Florida. Such change was:	authorized	by the	named corp ne corporati	oration submits this statement for the pu on's board of directors. Thereby accept	rpose of changing its registered	
SIGNATURE	•							
	Signature 1, ped or printed name of registered ager			i Agen	t signature requi	red when reinstating)	DA't	
12.	OFFICERS AND	DELETE	13.	r. c		ADDITIONS/CHANGES TO OFFIC		
NAME	David Baillie	DECENT		1 1 TITLE 1 2 NAME			Change Addition	
STREET ADDRESS				1 3 STHEET ADDRESS				
CITY-ST-ZIP	Inuderhill Fl	23319		HEET # TY+ST	i			
TITLE	Director	DELETE	2110		-215		Change Addition	
NAME	Yani an Anill	٠ ,	2 2 NAME					
STREET ADDRESS	Jens Ann Baille 6430 N. W Sun	*	23 STREET ADDRESS		ADDRESS			
CITY-ST-ZiP	LAUder Lill 11	33319	2 4 C/TY - ST - ZIP		1			
TITLE	Director DELETE 31		31111			Change Addition		
NAME	Rnekel Bnillie	Great	3.2 NAME					
STREET ADDRESS	6430 NW 50Th	6° 0	3 3 STREET ADDRESS		ODRESS			
CiTY - ST - ZiP	Ruckel Buillie Grege ORESS 6430 NW Both 67 AP LANderhill Fl 33319		3 4. CITY - ST - ZIP		' - ZIP			
TITLE	DELETE 41		4 1] [TITUE Change Ad		Change Addition		
NAME			4 2 N	AME	ŀ			
STREET ADDRESS			4 3 ST	REETA	NDDRESS			
CITY - ST - 21F			4.4 CF		- ZIP			
TITLE			51111	LE			Change Addition	
NAME			5 2 NA					
STREET ADDRESS			•		IDDRESS			
CITY-ST-ZIP		The second		5.4 CITY - ST - ZI				
TITLE		DELETE	1	6 1 THTLE			Change Addition	
NAME			62 N4			_		
STREET ADDRESS			6381	REET A	ODRESS	M2 0-77-01.		
CITY-ST-ZIP		Locale state of the control of the c	64 Cr			Θ (2)		
further ce	by certify that the information supplied write that the information indicated on :	i with this filing is voluntarily f	urnished ai rental annu	na ac	pes not qua	lify for the exemption stated in Section 1	19 07(3)(k), Florida Statutes	

returned early and the minoritation indicated on this aring a report or supplemental annual 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 emporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statules; and that my name appears in Block 13 if changed, or on an attachment with an address

SIGNATURE:

0167401