2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000041237

1. Entity Name
HAMMOCK LAKE MOBILE HOME AND RV PARK, INCORPORATED

Principal Place of Business	Mailing Address
1801 HIGHWAY 17 SOUTH FT. MEADE, FL 33841	1801 HIGHWAY 17 SOUTH FT. MEADE, FL 33841

02082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0687580
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BAILLIE, DAVID
1801 HWY 17 SOUTH
FORT MEADE, FL 33841

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

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000830818
02/25/08-80099-013 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BAILLIE, DAVID
STREET ADDRESS	6154 NW 53RD CIRCLE
CITY-ST-ZIP	POMPANO BEACH, FL 33067
TITLE	D
NAME	BAILLIE, JEAN ANN
STREET ADDRESS	6154 NW 53RD CIRCLE
CITY-ST-ZIP	POMPANO BEACH, FL 33067
TITLE	D
NAME	BAILLIE GREGE, RACHEL
STREET ADDRESS	6154 NW 53RD CIRCLE
CITY-ST-ZIP	POMPANO BEACH, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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: David Baillie 2-15-08 (954)741-1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #