

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 09, 1999 8:00 am
Secretary of State

03-09-1999 90079 044 ***150.00

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1. Corporation Name

HAMMOCK RESERVE DEVELOPMENT COMPANY

Principal Place of Business
**4500 PGA BLVD. STE 400
PALM BEACH GARDENS FL 33418**

Mailing Address
**4500 PGA BLVD. STE 400
PALM BEACH GARDENS FL 33418**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1996

4. FEI Number

65-0663601

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**DIVOSTA, OTTO B
4500 PGA BLVD. STE 400
PALM BEACH GARDENS FL 33418**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **DIVOSTA, OTTO B**
STREET ADDRESS **4500 PGA BLVD. STE 400**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE **P** ☐ DELETE

NAME **SHANNON, WILLIAM E.**
STREET ADDRESS **4500 PGA BLVD, STE 400**
CITY-ST-ZIP **PALM BCH GARDENS FL 33418**

TITLE **V** ☒ DELETE

NAME **SHANNON, WILLIAM E**
STREET ADDRESS **4500 PGA BLVD, STE 400**
CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **VST** ☐ DELETE

NAME **OWEN, JACK B. J**
STREET ADDRESS **4500 PGA BLVD, STE 400**
CITY-ST-ZIP **PALM BCH GARDENS FL**

TITLE **V** ☐ DELETE

NAME **GREENE, RICHARD E.**
STREET ADDRESS **4500 PGA BLVD., SUITE 400**
CITY-ST-ZIP **PALM BEACH GARDENS FL 33418**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition

NAME **O'BRIEN, MARK J.**
1.2 NAME
1.3 STREET ADDRESS **33 BLOOMFIELD HILLS PARKWAY, SUITE 200**
1.4 CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304-2946**

2.1 TITLE **V** ☐ Change ☒ Addition

NAME **SMITH, HARMON D.**
2.2 NAME
2.3 STREET ADDRESS **4500 PGA BLVD., SUITE 400**
2.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

3.1 TITLE **VT** ☐ Change ☒ Addition

NAME **ROBINSON, BRUCE E.**
3.2 NAME
3.3 STREET ADDRESS **33 BLOOMFIELD HILLS PARKWAY, SUITE 200**
3.4 CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304-2946**

4.1 TITLE **V** ☒ Change ☐ Addition

NAME **OWEN, JACK B. JR.**
4.2 NAME
4.3 STREET ADDRESS **4500 PGA BLVD., SUITE 400**
4.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

5.1 TITLE **VS** ☐ Change ☒ Addition

NAME **STOLLER, JOHN R.**
5.2 NAME
5.3 STREET ADDRESS **33 BLOOMFIELD HILLS PARKWAY, SUITE 200**
5.4 CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304-2946**

6.1 TITLE **D** ☐ Change ☒ Addition

NAME **CREGG, ROGER A. J.**
6.2 NAME
6.3 STREET ADDRESS **33 BLOOMFIELD HILLS PARKWAY, SUITE 200**
6.4 CITY-ST-ZIP **BLOOMFIELD HILLS, MI 48304-2946**

14. 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 annual 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **William E. Shannon as President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
William E. Shannon as President

Date

Daytime Phone #

2/4/99

(561) 627-2112

CR2E034 (1/98)