

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90461 048 \*\*\*\*61.25

**DOCUMENT # N05000007434**

1. Entity Name  
**OAK HAMMOCK ESTATES HOMEOWNERS'  
ASSOCIATION, INC.**



Principal Place of Business  
**7331 OFFICE PARK PLACE  
SUITE 200  
VIERA, FL 32940**

Mailing Address  
**7331 OFFICE PARK PLACE  
SUITE 200  
VIERA, FL 32940**

**50015727**



2. Principal Place of Business

**2090 W. Eau Gallie Blvd.**

Suite, Apt. #, etc.  
**Suite A**

City & State

**Melbourne, FL**

Zip  
**32935**

Country  
**USA**

3. Mailing Address

**2090 W. Eau Gallie Blvd.**

Suite, Apt. #, etc.  
**Suite A**

City & State

**Melbourne, FL**

Zip  
**32935**

Country  
**USA**

02022006

Chg-NP

CR2E037 (11/05)

4. FEI Number

**20-3985540**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**RENFRO, ROBERT M  
7331 OFFICE PARK PLACE  
SUITE 200  
VIERA, FL 32940**

7. Name and Address of New Registered Agent

Name **Thomas R. Brandon**

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

**2090 W. Eau Gallie Blvd. #A**

City **Melbourne**

FL

Zip Code  
**32935**

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

*Thomas R. Brandon*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-12-06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RENFRO, ROBERT M	
STREET ADDRESS	7331 OFFICE PARK PLACE #200	
CITY-ST-ZIP	VIERA, FL 32940	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STAFFORD, RONALD E	
STREET ADDRESS	7331 OFFICE PARK PLACE #200	
CITY-ST-ZIP	VIERA, FL 32940	
TITLE	D	<input type="checkbox"/> Delete
NAME	EULER, ERNEST C	
STREET ADDRESS	7331 OFFICE PARK PLACE #200	
CITY-ST-ZIP	VIERA, FL 32940	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRANDON, THOMAS R	
STREET ADDRESS	7331 OFFICE PARK PLACE #200	
CITY-ST-ZIP	VIERA, FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas R. Brandon	
STREET ADDRESS	2090 W. Eau Gallie Blvd. #A	
CITY-ST-ZIP	Melbourne, FL 32935	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tim Faulkner	
STREET ADDRESS	741 Rebab Ave. NE	
CITY-ST-ZIP	Palm Bay, FL 32907	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steven Sergis	
STREET ADDRESS	1225 Starling Way	
CITY-ST-ZIP	Viera, FL 32955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-12-06 321-757-3500**