

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2006 8:00 am**  
**Secretary of State**

02-09-2006 90027 034 \*\*\*\*61.25



**DOCUMENT # N93000000881**  
 1. Entity Name  
**HAMMOCK POINTE UTILITY ASSOCIATION, INC.**

Principal Place of Business  
**WORLD OF HOMES**  
**820 PALMWAY STREET**  
**KISSIMMEE, FL 34744**

Mailing Address  
**WORLD OF HOMES**  
**820 PALMWAY STREET**  
**KISSIMMEE, FL 34744**



2. Principal Place of Business  
**2884 S. Osceola Ave.**

3. Mailing Address  
**2884 S. Osceola Ave.**

Suite, Apt. #, etc.

01182006 Chg-NP CR2E037 (11/05)

City, State  
**Orlando FL**

City, State  
**Orlando FL**

Zip  
**32806**

Country  
**USA**

Zip  
**32806**

Country  
**USA**

4. FEI Number  
**59-3215043**

Applied For  
 Applied For  
 Not Applicable

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

**8. Name and Address of Current Registered Agent**

**DIAZ, VICKI**  
**2884 S OSCEOLA AVE**  
**ORLANDO, FL 32806**

**7. Name and Address of New Registered Agent**

Name

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

City **FL** Zip Code

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 *Vicki Diaz* *Vicki Diaz* **2-6-06**

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

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RIES, PETER 5229 HAMMOCK CIRCLE SAINT CLOUD, FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUKSTEID, PETE 5253 HAMMOCK CIRCLE SAINT CLOUD, FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SMITH, ROB 5266 HAMMOCK CIRCLE SAINT CLOUD, FL 34771 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Peter Ries* **PETER RIES** **02-06-06** **407 496-6150**

Signature and typed or printed name of signing officer or director Date Daytime Phone #