

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90138 031 ****61.25



DOCUMENT # N96000003627
 1. Entity Name
OAK HAMMOCK MOBILE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
2455 HIGHWAY 17 SOUTH LOT 6 BARTOW FL 33830 **2455 HIGHWAY 17 SOUTH LOT 6 BARTOW FL 33830**

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Lot 31

City & State City & State
BARTOW, FL
 Zip Country Zip Country
33830



1st MOORE CR2E037 (10/04)

4. FEI Number **59-3412485** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
FISHER, TOM
2455 HIGHWAY 17 SOUTH LOT 6 / BARTOW FL 33830

7. Name and Address of New Registered Agent
 - Name- **Kay Gignac**
 Street Address (P.O. Box Number is Not Acceptable) **2455 US 17 South Lot 31**
 City **Bartow** FL Zip Code **33830**

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 **KATHLEEN GIGNAC** *Kathleen Gignac Pres.* **3/4/05**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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	FISHER, TOM	
STREET ADDRESS	2455 HIGHWAY 17 SOUTH LOT 6	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIGNAC, KAY	
STREET ADDRESS	2455 HIGHWAY 17 SOUTH LOT 31	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BEACH, BETTY	
STREET ADDRESS	2455 HWY 17 SOUTH #60	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LORENZ, CHUCK	
STREET ADDRESS	2455 HWY 17 SOUTH #62	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROWLES, JANET	
STREET ADDRESS	2455 HWY 17 SOUTH #91	
CITY-ST-ZIP	BARTOW FL 33830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kay Gignac	
STREET ADDRESS	2455 US 17 S. Lot 31	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marge McGue	
STREET ADDRESS	2455 US 17 S. Lot 50	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gerry Foil	
STREET ADDRESS	2455 US 17 S. Lot 82	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bonnie Rissinger	
STREET ADDRESS	2455 US 17 S. Lot 39	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tom Fisher	
STREET ADDRESS	2455 US 17 S. Lot 6	
CITY-ST-ZIP	Bartow, FL 33830	
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 exemption stated in Section 119.07(3)(i), 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: *Bonnie Rissinger* **BONNIE RISSINGER** **3/4/05** **863-534-1496**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #