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Apr 29 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000003627 (4)

1. Corporation Name
OAK HAMMOCK MOBILE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
2455 HIGHWAY 17 SOUTH #104 BARTOW FL 33830
2455 HIGHWAY 17 SOUTH #104 BARTOW FL 33830-9515

3. Date Incorporated or Qualified 07/08/1996
3a. Date of Last Report

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3412485	Applied For Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RESNICK, MICHAEL L 1342 E. VINE STREET SUITE 236 KISSIMMEE FL 34744				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D NORRIS, JACK	1.1 TITLE	P/D
NAME	2455 HIGHWAY 17 SOUTH, #57	1.2 NAME	SAME AS BLOCK 12
STREET ADDRESS	BARTOW FL 33830	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D SCHENCK, HAZEL	2.1 TITLE	V/D
NAME	2455 HIGHWAY 17 SOUTH #86	2.2 NAME	SCHULTZ, STEVE
STREET ADDRESS	BARTOW FL 33830	2.3 STREET ADDRESS	2455 HIGHWAY 17 SOUTH # 50
CITY-ST-ZIP		2.4 CITY-ST-ZIP	BARTOW FL 33830
TITLE	D EDWARDS, JOANNE	3.1 TITLE	S/D
NAME	2455 HIGHWAY 17 SOUTH #84	3.2 NAME	SAME AS BLOCK 12
STREET ADDRESS	BARTOW FL 33830	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	T/D
NAME		4.2 NAME	FRANK MCCARTHY
STREET ADDRESS		4.3 STREET ADDRESS	2455 HIGHWAY 17 SOUTH # 22
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BARTOW FL 33830
TITLE		5.1 TITLE	D
NAME		5.2 NAME	COSSABOOM, DON
STREET ADDRESS		5.3 STREET ADDRESS	2455 HIGHWAY 17 SOUTH # 101
CITY-ST-ZIP		5.4 CITY-ST-ZIP	BARTOW FL 33830
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)