

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000003627

1. Entity Name

OAK HAMMOCK MOBILE HOMEOWNERS' ASSOCIATION, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90077 036 ****61.25

Principal Place of Business

Mailing Address

2455 HIGHWAY 17 SOUTH #104
 BARTOW FL 33830

2455 HIGHWAY 17 SOUTH #104
 BARTOW FL 33830

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3412485

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RESNICK, MICHAEL L
 1342 E. VINE STREET
 SUITE 236
 KISSIMMEE FL 34744

Name **Jack Norris (acting Resident Agent)**
 Street Address (P.O. Box Number is Not Acceptable)
2455 Hwy 17 South Lot 64
 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.

SIGNATURE

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**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD NORRIS, JACK	<input type="checkbox"/> Delete
STREET ADDRESS	2455 HIGHWAY 17 SOUTH, #57	
CITY-ST-ZIP	BARTOW FL	
TITLE NAME	VD NOABUAN, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	2455 HWY 17 SO. #45	
CITY-ST-ZIP	BARTOW FL	
TITLE NAME	SD HITCHCOCK, BERNICE	<input type="checkbox"/> Delete
STREET ADDRESS	2455 HWY 17 SO #46	
CITY-ST-ZIP	BARTOW FL	
TITLE NAME	D MCCARTHY, FRANK	<input type="checkbox"/> Delete
STREET ADDRESS	2355 HIGHWAY 17 SOUTH, #22	
CITY-ST-ZIP	BARTOW FL	
TITLE NAME	TD BEACH, BETTA	<input type="checkbox"/> Delete
STREET ADDRESS	2455 HWY 17 S. #60	
CITY-ST-ZIP	BARTOW FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PD NORRIS, JACK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2455 HWY. 17 South Lot 64	
CITY-ST-ZIP	Bartow, FL 33830	
TITLE NAME	VD NORBURN, FRANK	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2455 Hwy 17 South Lot 45	
CITY-ST-ZIP		
TITLE NAME	SD HITCHCOCK, BERNICE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2455 HWY 17 South Lot 46	
CITY-ST-ZIP		
TITLE NAME	D HEMPSTEAD, GERALD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2455 HWY 17 South Lot 30	
CITY-ST-ZIP		
TITLE NAME	TD BEACH, BETTA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2455 HWY 17 South Lot 60	
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Signature of Signing Officer or Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)