

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

06-22-2001 90219 048 ****61.25

DOCUMENT # 09600000362-2
 1. Entity Name
OAK HAMMOCK MOBILE HOMEOWNERS ASSOCIATION

Principal Place of Business Mailing Address **Same**
 2455 Highway 17 South Lot 60
 Bartow, FL 33830

76030

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **59-3412485**
 Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Norris, Jack
 2455 Hwy. 17 South L05 57
 Bartow, FL 33830

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.

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

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

TITLE NAME	DD Norris, Jack <input type="checkbox"/> Delete
STREET ADDRESS	2455 Hwy 17 South #57
CITY-ST-ZIP	Bartow, FL
TITLE NAME	VD Norburn, Frank <input checked="" type="checkbox"/> Delete
STREET ADDRESS	2455 Highway 17 #45
CITY-ST-ZIP	Bartow, FL 33830
TITLE NAME	SD Hitchcock, Bernice <input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	D McCarthy, Frank <input checked="" type="checkbox"/> Delete
STREET ADDRESS	2455 Highway 17 #22
CITY-ST-ZIP	Bartow, FL 33830
TITLE NAME	TD Beach, Betta <input type="checkbox"/> Delete
STREET ADDRESS	2455 Highway 17 #60
CITY-ST-ZIP	Bartow, FL 33830
TITLE NAME	D Rowles, Janet <input type="checkbox"/> Delete
STREET ADDRESS	2455 Highway 17 #91
CITY-ST-ZIP	Bartow, FL 33830

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	Hempstead, Gerald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2455 Highway 17 #30
CITY-ST-ZIP	Bartow, FL
TITLE NAME	Kennedy, Mary Ann <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2455 Highway 17 #88
CITY-ST-ZIP	
TITLE NAME	Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	Same <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	Add <input checked="" 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: Betta Beach Treasurer 6-14-01 863-533-2706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)