


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 12, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90009 045 \*\*\*\*61.25

<b>DOCUMENT # N96000003627</b>					
1. Entity Name <b>OAK HAMMOCK MOBILE HOMEOWNERS' ASSOCIATION, INC.</b>					
Principal Place of Business 2455 HIGHWAY 17 SOUTH LOT <i>06</i> BARTOW FL 33830			Mailing Address 2455 HIGHWAY 17 SOUTH LOT <i>06</i> BARTOW FL 33830		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent <b>NORRIS, JACK 2455 HWY 17 SOUTH LOT 57 BARTOW FL 33830</b>				7. Name and Address of New Registered Agent Name <b>FISHER, TOM</b> Street Address (P.O. Box Number is Not Acceptable) <b>2455 Hwy. 17 South Lot # 6</b> City <b>Bartow, FL</b> Zip Code <b>33830</b>	
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 <i>J. Thomas Fisher</i> ( <i>J. THOMAS FISHER</i> ) DATE <i>5/4/04</i> <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, JACK		NAME	FISHER, TOM	
STREET ADDRESS	2455 HIGHWAY 17 SOUTH, #57		STREET ADDRESS	2455 Hwy 17 South # 6	
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLS, ROGER		NAME	GIGNAC, KAY	
STREET ADDRESS	2455 HWY 17 SOUTH #92		STREET ADDRESS	2455 Hwy 17 South #31	
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEACH, BETTY		NAME	BEACH, BETTA	
STREET ADDRESS	2455 HWY 17 SOUTH #60		STREET ADDRESS	2455 HWY 17 South # 60	
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LORENZ, CHUCK		NAME	LORENZ, CHUCK	
STREET ADDRESS	2455 HWY 17 SOUTH #62		STREET ADDRESS	2455 HWY 17 South # 62	
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP	BARTOW, FL 33830	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROWLES, JANET		NAME	ROWLES, JANET	
STREET ADDRESS	2455 HWY 17 SOUTH #91		STREET ADDRESS	2455 HWY 17 South #91	
CITY-ST-ZIP	BARTOW FL 33830		CITY-ST-ZIP	BARTOW, FL 33830	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Charles A. Lorenz</i>		CHARLES A. LORENZ		4/17/04 863-519-0914	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

66420957



MOORE CR2E037 (11/03)

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

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