

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90056 045 \*\*\*\*61.25

**DOCUMENT # N01000002489**  
 1. Entity Name  
**OCEAN HAMMOCK HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business  
 277 SE 5TH AVE  
 DELRAY BEACH, FL 33483

Mailing Address  
 277 SE 5TH AVE  
 DELRAY BEACH, FL 33483

2. Principal Place of Business  
**2295 NW Corporate BLVD**  
 Suite, Apt., etc.  
**138**

3. Mailing Address  
**2295 NW Corporate BLVD**  
 Suite, Apt., etc.  
**138**

City & State  
**Boca Raton FL**

City & State  
**Boca Raton FL**

Zip  
**33431**

Country  
**Palm Beach**

Zip  
**33431**

Country  
**Palm Beach**

6. Name and Address of Current Registered Agent

**GLICKSTEIN, CARY**  
 277 SE 5TH AVE  
 DELRAY BEACH, FL 33483



02042005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**74-3030294**

Applied For  
 Not Applicable

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

7. Name and Address of New Registered Agent

Name  
**Lawrence J. Morina III**

Street Address (P.O. Box Number is Not Acceptable)  
**2295 NW Corporate BLVD Suite 138**

City  
**Boca Raton, FL**

Zip Code  
**33431**

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 Lawrence J. Morina III Lawrence J. Morina III 2/4/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing 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 NAME STREET ADDRESS CITY-ST-ZIP	DPV GLICKSTEIN, CARY D 277 SE 5TH AVE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLICKSTEIN, CARY D 277 SE 5TH AVE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, MICHAEL 277 SE 5TH AVE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARR, KEVIN 277 SE 5TH AVE DELRAY BEACH, FL 33483	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alexander P. Dyer (PRES) 1240 Pelican Ln. Delray Beach FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Howard J. Armstrong III 1244 Pelican Lane Delray Beach FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Lloyd 1236 Pelican Ln. Delray Beach FL 33483	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: X Alexander P. Dyer, President 2/4/05 561-278-6299  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #