

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


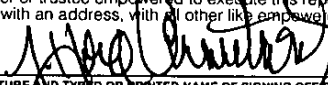
FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90074 043 ****61.25

40029010



02122007 Chg-NP CR2E037 (12/06)

DOCUMENT # N01000002489 1. Entity Name OCEAN HAMMOCK HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business 2295 NW CORPORATE BLVD 138 BOCA RATON, FL 33431		Mailing Address 2295 NW CORPORATE BLVD 138 BOCA RATON, FL 33431	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip - - - - - Country		Zip Country	
4. FEI Number 74-3030294		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MORINA, LAWRENCE J III 2295 NW CORPORATE BLVD STE 138 BOCA RATON, FL 33431		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P <input type="checkbox"/> Delete NAME DYER, ALEXANDER P STREET ADDRESS 1240 PELICAN LN CITY-ST-ZIP DELRAY BEACH, FL 33483	TITLE TS <input type="checkbox"/> Delete NAME HRMSTRONG, HORD J III STREET ADDRESS 1244 PELICAN LANE CITY-ST-ZIP DELRAY BEACH, FL 33483	TITLE ARMSTRONG, HORD J.III (P) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 1244 PELICAN LANE CITY-ST-ZIP DELRAY BEACH, FL 33483	TITLE ARMSTRONG, CHRIS (V.P.) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 1248 PELICAN LANE CITY-ST-ZIP DELRAY BEACH, FL 33483
TITLE VP <input type="checkbox"/> Delete NAME LLOYD, DAVID STREET ADDRESS 1236 PELICAN LANE CITY-ST-ZIP DELRAY BEACH, FL 33483	TITLE DYER, ALEXANDER P (SEC) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 1240 PELICAN LANE CITY-ST-ZIP DELRAY BEACH, FL 33483	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		2/13/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		Daytime Phone #	