2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90170 013 ****61.25

B98101000

DOCUMENT # N01000007470

1. Entity Name
RIVER OAKS IN THE HAMMOCK HOMEOWNERS ASSOCIATION , INC.

11009588

Principal Place of Business	Mailing Address
5182 N. OCEANSHORE BLVD. PALM COAST FL 32137	PO BOX 354928 PALM COAST FL 32135

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O.Box 353811 Suite, Apt. #, etc.
City & State: Palm Coast, Fl.	City & State: Palm Coast, Fl.
Zip / Country	Zip: 32135-3811 / Country: USA

4. FEI Number APPLIED FOR #02-0580304 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CONNER, TIMOTHY 1 FLORIDA PARK DRIVE NORTH PALM COAST FL 32137	Name: ANNON, JR. FRED Street Address (P.O. Box Number is Not Acceptable): PALM COAST PROPERTY MANAGEMENT COMPANY 7 Florida Park Drive, Suite C City: Palm Coast, FL Zip Code: 32137

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 4/7/03

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

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DEREK V.H. FOWKES PO BOX 354928 PALM COAST FL 32135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LERNER, DONALD PO BOX 354928 PALM COAST FL 32135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LERNER, BRENDA PO BOX 354928 PALM COAST FL 32135	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E037 (10/02)

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: S/Derek Fowkes Derek Fowkes, President 4/07/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #