

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 23, 2004  
Secretary of State**

DOCUMENT# N02000003588

Entity Name: OAK HAMMOCK ASSOCIATION, INC.

**Current Principal Place of Business:**

4620 S ATLANTIC AVE  
PONCE INLET, FL 32127

**New Principal Place of Business:**

4622 LINKS VILLAGE DRIVE  
PONCE INLET, FL 32127

**Current Mailing Address:**

4620 S ATLANTIC AVE  
PONCE INLET, FL 32127

**New Mailing Address:**

4622 LINKS VILLAGE DRIVE  
PONCE INLET, FL 32127

FEI Number: 74-3046235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TREADWAY, FRED  
4620 S ATLANTIC AVE  
PONCE INLET, FL 32127 US

**Name and Address of New Registered Agent:**

BAUMANN, KARLA  
4622 LINKS VILLAGE DRIVE  
PONCE INLET, FL 32127 US

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: KARLA BAUMANN

03/23/2004

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: TREADWAY, FRED  
Address: 4620 S ATLANTIC AVE  
City-St-Zip: PONCE INLET, FL 32127

Title: D ( ) Delete  
Name: CALLEA, CHARLES  
Address: 4620 S ATLANTIC AVE  
City-St-Zip: PONCE INLET, FL 32127

Title: D ( ) Delete  
Name: CIRKS, DOUG  
Address: 4620 S ATLANTIC AVE  
City-St-Zip: PORT ORANGE, FL 32127

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D/P (X) Change ( ) Addition  
Name: BARDASH, THOMAS  
Address: 4622 LINKS VILLAGE DRIVE  
City-St-Zip: PONCE INLET, FL 32127

Title: D/VP (X) Change ( ) Addition  
Name: LATHAM, PETER  
Address: 4622 LINKS VILLAGE DRIVE  
City-St-Zip: PONCE INLET, FL 32127

Title: D/S (X) Change ( ) Addition  
Name: BAUMANN, KARLA  
Address: 4622 LINKS VILLAGE DRIVE  
City-St-Zip: PORT ORANGE, FL 32127

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS BARDASH

PRES

03/23/2004

Electronic Signature of Signing Officer or Director

Date