

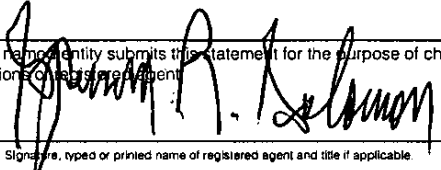
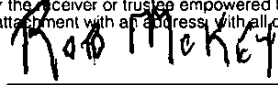


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90556 045 ****61.25

DOCUMENT # N32917					
1. Entity Name THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.					
Principal Place of Business 2582 S. MAGUIRE RD., #318 OCOEE, FL 34761 US		Mailing Address 2582 S. MAGUIRE RD., #318 OCOEE, FL 34761 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2983444	
Zip		Country		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	
SOLOMON, SPENCER R 113 DESIREE AURORA ST. WINTER GARDEN, FL 34787				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 the registered agent.					
SIGNATURE: 				DATE: 4/28/05	
Filing Fee is \$61.25 Due by May 1, 2005				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	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCKEY, ROB		NAME		
STREET ADDRESS	1110 WINEBERRY CRT		STREET ADDRESS		
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Lynne Milner	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNER, JACQUELINE		NAME	1001 Featherstone Cir	
STREET ADDRESS	835 HAMMOCKS DR		STREET ADDRESS	OCOEE FL 34761-3411	
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Susan Golden	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILSEN, FRED		NAME	1022 Featherstone Circle	
STREET ADDRESS	1019 SHADY MAPLE CIRCLE		STREET ADDRESS	OCOEE, FL 34761	
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTOVER, JOANNE		NAME		
STREET ADDRESS	1005 GINGERSPICE LANE		STREET ADDRESS		
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEKARD, BRUCE		NAME		
STREET ADDRESS	1003 GINGERSPICE LANE		STREET ADDRESS		
CITY-ST-ZIP	OCOEE, FL 34761		CITY-ST-ZIP		
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: 				DATE: 4/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE #: 407-656-1081	