

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 30, 2006
Secretary of State**

DOCUMENT# N32917

Entity Name: THE HAMMOCKS HOMEOWNER'S ASSOCIATION OF ORANGE COUNTY, INC.

Current Principal Place of Business:

2582 S. MAGUIRE RD., #318
OCOEE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

2582 S. MAGUIRE RD., #318
OCOEE, FL 34761 US

New Mailing Address:

FEI Number: 59-2983444 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOLOMON, SPENCER R
113 DESIREE AURORA ST.
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILNER, LYNN
Address: 1001 FEATHERSTONE CIR
City-St-Zip: OCOEE, FL 347613411

Title: D () Delete
Name: WILSEN, FRED
Address: 1019 SHADY MAPLE CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: WESTOVER, JOANNE
Address: 1005 GINGERSPICE LANE
City-St-Zip: OCOEE, FL 34761

Title: STD () Delete
Name: PEKARD, BRUCE
Address: 1003 GINGERSPICE LANE
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: GOLDEN, SUSAN
Address: 1022 FEATHERSTONE CIRCLE
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: WILSEN, FRED
Address: 1019 SHADY MAPLE CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: TD (X) Change () Addition
Name: GARBINSKI, KEITH
Address: 1018 SHADY MAPLE CIRCLE
City-St-Zip: OCOEE, FL 34761

Title: SP (X) Change () Addition
Name: WESTOVER, JOANNE
Address: 1005 GINGERSPICE LANE
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: FRED WILSEN

PD

04/30/2006

Electronic Signature of Signing Officer or Director

Date