

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32917

FILED
Mar 26, 2008
Secretary of State

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

Current Principal Place of Business:

2582 S. MAGUIRE RD.
318
OCOE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 783367
WINTER GARDEN, FL 34778 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
14443 PRUNNING WOOD PLACE
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: VPD () Delete
Name: WILSEN, FRED
Address: 1019 SHADY MAPLE CIRCLE
City-St-Zip: OCOEE, FL 34761

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

Title: SD () Delete
Name: BALLARD, TERRI
Address: 1029 FEATHERSTONE
City-St-Zip: OCOEE, FL 34761

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LANEY, VICTORIA
Address: 830 HAMMOCKS DR
City-St-Zip: OCOEE, FL 347613411

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

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

Title: PD (X) Change () Addition
Name: BALLARD, TERRI
Address: 1029 FEATHERSTONE
City-St-Zip: OCOEE, FL 34761

Title: STD (X) Change () Addition
Name: CUTSINGER, JOHN
Address: 1020 SHADY MAPLE CIR
City-St-Zip: OCOEE, FL 34734

I hereby certify that the information supplied with this filing does not qualify 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: SPENCER SOLOMON

RA

03/26/2008

Electronic Signature of Signing Officer or Director

Date