


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90044 029 ****61.25

DOCUMENT # 738124 1. Entity Name THE HAMMOCK OWNERSHIP ASSOCIATION, INC.					
Principal Place of Business 5522 NW 43RD ST SUITE B GAINESVILLE, FL 32653 US			Mailing Address 5522 NW 43RD ST SUITE B GAINESVILLE, FL 32653 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-2355688	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent KEOHANE, MARK J 5532 NW 43RD ST STE A GAINESVILLE, FL 32653				7. Name and Address of New Registered Agent 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 registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	STD CULPEPPER, MICHAEL 5931 NW 97TH ST GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BARBARA ABEL 5514 NW 99 TERR. GAINESVILLE, FL 32653
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GAFFNER, JEROME 5530 NW 97TH ST GAINESVILLE, FL 32653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVEN SOLOMON 5608 NW 99 TERR. GAINESVILLE, FL 32653
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COHEN, ROBERT 10000 NW 57TH PL GAINESVILLE, FL 32653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TELESCO, CHARLES 9829 NW 54TH PL GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD COMSTOCK, RICHARD 10001 NW 59TH PL GAINESVILLE, FL 32653	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD COMSTOCK 10001 NW 59 PLACE GAINESVILLE, FL 32653
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Robert J Cohen</u> ROBERT COHEN <u>4-18-07</u> 352-240-2713 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					