## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2008 8:00 am Secretary of State

04-21-2008 90069 038 \*\*\*\*61 25

DOCUMENT # 738124  1. Entity Name THE HAMMOCK OWNERSHIP ASSOCIATION, INC.				. 04	-21-2008 90069 (	938 01	1.23
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				BJ: 1181/ 1181/ 1171	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042008 Chg	J-NP CR2E0	37 (12/06)	
City & State		City & State		4. FEI Number 59-2355688			plied For t Applicable
Zip Country		Zip	Zip Country		5. Certificate of Status Desired See Required		
	6. Name and Address of Current	Registered Agent	d Agent		7. Name and Address of New Registered Agent		
KEOLIANE	MADICI		Name				
KEOHANE, MARK J 5532 NW 43RD ST STE A GAINESVILLE, FL 32653			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
			City	<del>. =</del>	<b>C1</b>	Zip Code	3
The above named entity submits this statement for the purpose of changing its registere				FL   '			
	named entity submits this statement for ions of registered agent.	or the purpose of changing its r	registered office or re	egistered agent, or both, in th	ne State of Florida. I am	tamiliar with, i	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent signature	required when reinstating)	DATE		
Filing Fee is \$61.25 9. Election Ca Due by May 1, 2008 Trust Fund			paign Financing	+0.00 1.00		l	
10.							ate
7171.5	OFFICERS AND DI	RECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND D		
NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI VPD ABEL, BARBARA 5514 NW 99 TERR GAINESVILLE, FL 32653	RECTORS Delete	TITLE NAME STREET ADDRESS	ADDITIONS/CHANGE PD BARBARA AB 5514 NW 99	EL 7ERR.	IRECTORS IN Change	
NAME STREET ADDRESS	VPD ABEL, BARBARA 5514 NW 99 TERR		TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	ADDITIONS/CHANGE PD BARBARA AB 55/4 NW 99 56/14/ESVILLE, D 56/16/16/16/16/16/16/16/16/16/16/16/16/16	EL TERR. FL. 32653 FFNEY		10
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	VPD ABEL, BARBARA 5514 NW 99 TERR GAINESVILLE, FL 32653 ST GAFFNER, JEROME 5530 NW 97TH ST	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	ADDITIONS/CHANGE PD BARBARA AB 55/4 NW 99 55/4 NW 99 56/1NES VILLE, D 56/0ME GA 5530 NW 97 56/1NES VILLE, D ROBERT CO	EL TERR. FL. 32653 FFNEY ST. FL. 32653 HEN 57 PL.	<b>⊠</b> Change	10 Addition
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12. Thereby Certify that the information supplies with this importance 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

are While BARBARA MBEL

4-17-0

352-240-27/3

Daytime Phone #