



**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 739135</b> 1. Entity Name <b>THE HAMMOCK HOMEOWNERS ASSOCIATION, INC.</b>		
Principal Place of Business <b>6839 HAMMOCK LANE WEST PALM BEACH, FL 33402</b>		Mailing Address <b>6839 HAMMOCK LANE WEST PALM BEACH, FL 33402</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>COOK, CHRISTOPHER H. 6839 HAMMOCK LANE WEST PALM BEACH, FL 33411</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 re-appointing)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COOK, CHRISTOPHER H. 6839 HAMMOCK LANE WEST PALM BCH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD WELCH, EDWARD D. 6809 HAMMOCK LANE WEST PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD COOK, JUDY 6839 HAMMOCK LANE WEST PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUTLER, BRANDT 6870 HAMMOCK LANE WEST PALM BEACH, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <b>TRUCK/2-RENTAL</b> <b>1/25/06</b> <b>561-863-9861</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01252006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0144680</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

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02/06/06-80031-015 61.25

**DO NOT WRITE  
IN THIS SPACE**