


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90090 031 ****61.25

DOCUMENT # 739135	
1. Entity Name THE HAMMOCK HOMEOWNERS ASSOCIATION, INC.	

Principal Place of Business 6839 HAMMOCK LANE WEST PALM BEACH, FL 33402	Mailing Address 6839 HAMMOCK LANE WEST PALM BEACH, FL 33402
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2. Principal Place of Business - No P.O. Box # 6870 HAMMOCK LN	3. Mailing Address 6870 HAMMOCK LN.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WEST PALM BEACH, FL	City & State WEST PALM BEACH, FL.
Zip 33411	Country PALM BEACH
Zip 33411	Country PALM BEACH

40108620



03192007 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0144680	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COOK, CHRISTOPHER H. 6839 HAMMOCK LANE WEST PALM BEACH, FL 33411	
7. Name and Address of New Registered Agent Name WELCH, EDWARD D. Street Address (P.O. Box Number is Not Acceptable) 6809 HAMMOCK LN. City WEST PALM BEACH FL Zip Code 33411	

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  **EDWARD D. WELCH** **5/7/07**
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 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COOK, CHRISTOPHER H. 6839 HAMMOCK LANE WEST PALM BCH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOANN DEUSCHLE 6840 HAMMOCK LN. WEST PALM BEACH, FL. 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELCH, EDWARD D. 6809 HAMMOCK LANE WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COOK, JUDY 6839 HAMMOCK LANE WEST PALM BEACH, FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD R.G. HAYHURST 6869 HAMMOCK LN. WEST PALM BEACH, FL 33411 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTLER, BRANDT 6870 HAMMOCK LANE WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:  **Christopher H. Cook** **5/7/07** **561-203-9861**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #