

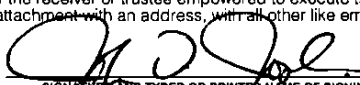


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90228 031 ****61.25

DOCUMENT # 742316 1. Entity Name THE HAMMOCK UNIT NO. 2 OWNERSHIP ASSOCIATION, INC.					
Principal Place of Business 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653 US			Mailing Address 5522 NW 43 STREET 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		
6. Name and Address of Current Registered Agent LINDSEY, GLENDA BOSSHARDT PROPERTY MGT INC. 5522 NW 43 STREET SUITE B GAINESVILLE, FL 32653				7. Name and Address of New Registered Agent Name CAROL MORALES Street Address (P.O. Box Number is Not Acceptable) 90 BOSSHARDT PROPERTY MANAGEMENT INC. 5522-NW 43 ST. City GAINESVILLE FL Zip Code 32653	
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  CAROL MORALES 4-18-07 <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	S PAGE, ROBERT L 5418 NW 92 WAY GAINESVILLE, FL 32653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOPLING, JOHN 5323 N.W. 92ND WAY GAINESVILLE, FL 32653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANFORD, JEAN 5916 NW 91ST BLVD GAINESVILLE, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, ROBERT E 5600 NW 91ST BLVD GAINESVILLE, FL 32653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSSELL, DAVID 5726 NW 91ST BLVD GAINESVILLE, FL 32653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAGE, ROBERT L 5418 NW 92 WAY GAINESVILLE, FL 32653	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JOPLING, JOHN 5323 N.W. 92ND WAY GAINESVILLE, FL 32653	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SANFORD, JEAN 5916 NW 91ST BLVD GAINESVILLE, FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUNNINGHAM, ROBERT E 5600 NW 91ST BLVD GAINESVILLE, FL 32653	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RUSSELL, DAVID 5726 NW 91ST BLVD GAINESVILLE, FL 32653	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAGE, ROBERT L 5418 NW 92 WAY GAINESVILLE, FL 32653	<input type="checkbox"/> Delete			
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:  JOHN JOPLING 4/21/07 (354) 372-4381 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					