2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 28, 2008
Secretary of State

DOCUMENT# 757490

Entity Name: HAMMOCK OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

440 ROVINO AVE
CORAL GABLES, FL 33156

New Principal Place of Business:

Current Mailing Address:

440 ROVINO AVE
CORAL GABLES, FL 33156

New Mailing Address:

FEI Number: 59-2110561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DONSKY, MAURICE
440 ROVINO AVE
CORAL GABLES, FL 33156 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	SD	( ) Delete
Name:	ILEANA, BARBARA	
Address:	483 CAMPANA AVE	
City-St-Zip:	CORAL GABLES, FL 33156	
Title:	PD	( ) Delete
Name:	DONSKY, MAURICE,	
Address:	440 ROVINO AVENUE	
City-St-Zip:	CORAL GABLES, FL 33156	
Title:	D	( ) Delete
Name:	GONZALES, DAISY	
Address:	11011 MARIN ST	
City-St-Zip:	CORAL GABLES, FL 33156	
Title:	VPD	( ) Delete
Name:	MARYANOFF, FREDA	
Address:	414 ROVINO AVE	
City-St-Zip:	CORAL GABLES, FL 33156	
Title:	VPD	( ) Delete
Name:	SEPE, BONNIE	
Address:	11084 MONFERO ST	
City-St-Zip:	CORAL GABLES, FL 33156	
Title:	D	(X) Delete
Name:	ESPINAL, OSCAR	
Address:	17050 TANYA ST	
City-St-Zip:	CORAL GABLES, FL 33136	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAURICE DONSKY PRES 06/28/2008

Electronic Signature of Signing Officer or Director — Date