


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # 759494 1. Entity Name DARK HAMMOCK ESTATES PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 608 JUAN ORTIZ CIR FT. PIERCE, FL 34947 US	Mailing Address 608 JUAN ORTIZ CIRCLE FT. PIERCE, FL 34947 US
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04132005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent ARIAS, HECTOR 608 JUAN ORTIZ CIR FT. PIERCE, FL 34947	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PARK, KIRBY A 608 JUAN ORTIZ CIR FT. PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARIAS, HECTO 603 RIBAUT RD. FT. PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCENTEE, SHARON 605 JUAN ORTIZ CIRCLE FT. PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PARK, MARY C 608 JUAN ORTIZ CIRCLE FT. PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALYERS, JANET 607 JUAN ORTIZ CIR FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAGNOSON, ROY G 3606 JUAN ORTIZ CIRCLE FORT PIERCE, FL 34947

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04/20/05-80049-001 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Kirby A. Park Roy G. Park 4/16/05 772-461-2176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #