


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91172 015 ****61.25

DOCUMENT # 759494	
1. Entity Name DARK HAMMOCK ESTATES PROPERTY OWNERS ASSOCIATION, INC.	

Principal Place of Business 603 RIBAUT RD. FT. PIERCE FL 34947 US	Mailing Address 608 JUAN ORTIZ CIRCLE FT. PIERCE FL 34947 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number NOT APPLICABLE	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	
ARIAS, HECTOR 603 RIBAUT RD. FT. PIERCE FL 34947	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	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	
TITLE	PD <input type="checkbox"/> Delete
NAME	ARIAS, HECTOR
STREET ADDRESS	603 RIBAUT RD.
CITY-ST-ZIP	FT. PIERCE FL 34947
TITLE	VD <input type="checkbox"/> Delete
NAME	ANDERSON, BRAD
STREET ADDRESS	3505 JUAN ORTIZ CIRCLE
CITY-ST-ZIP	FT. PIERCE FL 34947
TITLE	SD <input type="checkbox"/> Delete
NAME	MCENTEE, SHARON
STREET ADDRESS	605 JUAN ORTIZ CIRCLE
CITY-ST-ZIP	FT. PIERCE FL 34947
TITLE	TD <input type="checkbox"/> Delete
NAME	PARK, MARY C
STREET ADDRESS	608 JUAN ORTIZ CIRCLE
CITY-ST-ZIP	FT. PIERCE FL 34947
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	SHEETS, RICHARD
STREET ADDRESS	607 RIBAUT RD.
CITY-ST-ZIP	FT. PIERCE FL 34749
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	JOHNSON, RUBIN
STREET ADDRESS	3503 JUAN ORTIZ CIRCLE
CITY-ST-ZIP	FT. PIERCE FL 34947

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hall, William R.
STREET ADDRESS	609 Ribaut Rd.
CITY-ST-ZIP	FT. Pierce, FL 34947
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Magnuson, Roy G. (Jr.)
STREET ADDRESS	3606 Juan Ortiz Circle
CITY-ST-ZIP	Et. Pierce, FL 34947

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Hector Arias* **SIGNATURE REQUIRED** *Hector Arias 4-28-03 772-461-2196*

CR2E037 (10/02)