2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#765893

FILED Feb 16, 2010 Secretary of State

Entity Name: THE HAMMOCK NORTH OWNERSHIP ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6428 NW 97TH CT 6415 NW 97TH CT

GAINESVILLE, FL 32653 US GAINESVILLE, FL 32653 US

Current Mailing Address: New Mailing Address:

6428 NW 97TH CT 6415 NW 97TH CT

GAINESVILLE, FL 32653 US GAINESVILLE, FL 32653 US

FEI Number: 59-2861170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HOLBROOK, LINDA G COHEN, NEAL P 6418 NW 97 COURT 6415 NW 97 COURT

GAINESVILLE, FL 32653 US US GAINESVILLE, FL 32653

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: NEAL P. COHEN 02/16/2010

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

WALTERS, FRANK Name: Address: 6313 NW 93 TERRACE City-St-Zip: GAINESVILLE, FL 32653

Title:

Name: VANDIVER, VERNON Address: 9715 NW 63 LN

City-St-Zip: GAINESVILLE, FL 32653

Title:

COHEN, NEAL Name: 6415 NW 97TH CT Address: City-St-Zip: GAINESVILLE, FL 32653

Title:

Name: LANZA-KADUCE, LONN Address: 9712 NW 63 LN

City-St-Zip: GAINESVILLE, FL 32653

Title: PD

CLOUSE, ALEESA Name: 9704 NW 62 LN Address:

GAINESVILLE, FL 32653 City-St-Zip:

I hereby 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 all other like empowered.

SIGNATURE: NEAL P. COHEN T 02/16/2010