


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90033 043 ****61.25

DOCUMENT # N00000000766	
1. Entity Name ROBERTS HAMMOCK OWNERS ASSOCIATION, INC.	

Principal Place of Business 2680 LOIS LANE JACKSONVILLE BEACH, FL 32250	Mailing Address 2680 LOIS LANE JACKSONVILLE BEACH, FL 32250
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2. Principal Place of Business - No P.O. Box # 2055 Lois Lane Suite, Apt. #, etc.	3. Mailing Address 2055 Lois Lane Suite, Apt. #, etc.
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04102008 Chg-NP CR2E037 (12/06)

City & State Jacksonville Bch, FL	City & State Jacksonville Bch, FL	4. FEI Number 59-3638685	Applied For Not Applicable
Zip 32250	Country USA	Zip 32250	Country USA

6. Name and Address of Current Registered Agent PRESTON, GUY S 2860 LOIS LANE JACKSONVILLE BEACH, FL 32250		7. Name and Address of New Registered Agent Name Nick Ancelin Street Address (P.O. Box Number is Not Acceptable) 2055 Lois Lane City Jacksonville Beach FL Zip Code 32250	
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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 Nick Ancelin Nick Ancelin VTD 4-8-2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ANCELIN, NICK A 2055 LOIS LANE JACKSONVILLE BEACH, FL 32250 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KURTZ, JOHN H 8150 LONE STAR ROAD JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Kurtz, John H <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2742 Lois Lane Jacksonville Beach, FL 32250
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Nick Ancelin Nick Ancelin 4-8-2008 904-720-2003 x228
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #