


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2007 08:00 A
Secretary of State

DOCUMENT # N00000004355	
1. Entity Name MARSH HAMMOCK HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 232 S DILLARD ST STE 201 WINTER GARDEN, FL 34787	Mailing Address P.O. BOX 194 PLYMOUTH, FL 32768
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 54-3712205	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 PRATT, JAMES R 369 N. NEW YORK AVENUE 3RD FLOOR WINTER PARK, FL 32789

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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 reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JUNE, ROHLAND A II 232 S DILLARD ST STE 201 WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLSTON, ROBERT W JR. 232 S DILLARD ST STE 201 WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEDOFF, JEFF 232 S DILLARD ST STE 201 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COLES, BONNIE E P.O. BOX 194 PLYMOUTH, FL 32768
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/16/07-80010-005 61.25

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: 	1/8/07	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		