2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004355

FILED Mar 31, 2008 Secretary of State

Entity Name: MARSH HAMMOCK HOMEOWNERS' ASSOCIATION, INC.

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

2180 WEST SR 434 2180 WEST SR 434 **SUITE 5000** SUITE 5000

LONDWOOD, FL 327795044 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 P.O. BOX 194

PLYMOUTH, FL 32768 SUITE 5000

LONGWOOD, FL 327795044

HART, JAMES W JR.

SENTRY MANAGEMENT INC 2180 WEST SR 434 SUITE 5000

LONGWOOD, FL 327795044 US

FEI Number: 59-3712205 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HART, JAMES W JR. 2180 WEST SR 434

OFFICERS AND DIRECTORS:

SUITE 5000 LONDWOOD, FL 327795044 US

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: JAMES W HART JR 03/31/2008

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition

JUNE, ROHLAND A II MURDOCK, RON Name: Name: 232 S DILLARD ST STE 201 Address: 15800 MARSH ELDER ST Address: City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: CLERMONT, FL 34711

Title: VD () Delete Title: (X) Change () Addition HOLSTON, ROBERT W JR.

Name: THOMAS, KARL Name: Address: 232 S DILLARD ST STE 201 Address: 9948 WATER FERN CIR City-St-Zip: WINTER GARDEN, FL 34787 City-St-Zip: CLERMONT, FL 34711

Title: () Delete Title: SD (X) Change () Addition SEDLOFF, JEFF Name:

MATTHEWS, CHARLES Name: 232 S DILLARD ST STE 201 9512 WATER ORCHID AVE Address: Address: City-St-Zip: ORLANDO, FL 32801 City-St-Zip: CLERMONT, FL 34711

Title: () Delete Title: TD (X) Change () Addition

Name: COLES, BONNIE E Name: LININGER, KEN 9507 WATER ORCHID AVE Address: P.O. BOX 194 Address: City-St-Zip: PLYMOUTH, FL 32768 City-St-Zip: CLERMONT, FL 34711

Title: () Delete Title: () Change (X) Addition

WRIGHT, COLLEEN Name: Name: 9800 WATER FERN CIR Address: Address: City-St-Zip: City-St-Zip: CLERMONT, FL 34711

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RON MURDOCK PD 03/31/2008