2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Sep 22, 2006
Secretary of State

DOCUMENT# N00000006622

Entity Name: THE HAMMOCKS RESIDENTIAL COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 9315
PANAMA CITY BEACH, FL 32417 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9315
PANAMA CITY BEACH, FL 32417 US

New Mailing Address:

FEI Number: 59-3698297 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARX, CHRISTINE M
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

TIMOTHY, SLOAN J
427 MCKENZIE AVENUE
PANAMA CITY FL, FL 32402 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: TIMOTHY J SLOAN 09/22/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MORGAN, TOM
Address: 100 BECKRICH ROAD
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: VD ( ) Delete
Name: RAVIN, STEVE
Address: 3743 BAY TREE ROAD
City-St-Zip: LYNN HAVEN, FL 32444

Title: STD ( ) Delete
Name: SMITH, KEVIN
Address: 2800 N. HWY 77
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete
Name: DYE, CRAIG
Address: 3208 AZALEA CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D ( ) Delete
Name: NICHOLS, JASON
Address: 2800 N. HWY 77
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RAVIN, STEVE
Address: 3743 BAY TREE ROAD
City-St-Zip: LYNN HAVEN, FL 32444

Title: VD (X) Change ( ) Addition
Name: LEECH, PERRY
Address: 3604 BAY TREE ROAD
City-St-Zip: LYNN HAVEN, FL 32444

Title: SD (X) Change ( ) Addition
Name: PARKER, PAUL R
Address: 3203 PLEASANT HILL ROAD
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD (X) Change ( ) Addition
Name: STAMPNICK, JAMES S
Address: 3512 HIDDEN VALLEY ROAD
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change ( ) Addition
Name: KURELMEYER, CLIFFORD
Address: 4044 KRISTANNA DRIVE
City-St-Zip: PANAMA CITY, FL 32405

I hereby certify that the information supplied with this filing does not qualify for the 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: TIMOTHY J. SLOAN RA 09/22/2006
Electronic Signature of Signing Officer or Director Date