2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2007
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:

2827 JOAN AVENUE
SUITE B
PANAMA CITY BEACH, FL 32408 US

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TIMOTHY, SLOAN J
427 MCKENZIE AVENUE
PANAMA CITY FL, FL 32402 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change ( ) Addition
Name: BOND, ANGEL
Address: 3519 ROSEWOOD CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: TD (X) Change ( ) Addition
Name: PARRIS, TERRY C
Address: 3508 ROSEWOOD CIRCLE
City-St-Zip: LYNN HAVEN, FL 32444

Title: D (X) Change ( ) Addition
Name: SITZMAN, DORENE
Address: 3015 MEADOW STREET
City-St-Zip: LYNN HAVEN, FL 32444

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: STEVE RAVIN PD 05/15/2007
Electronic Signature of Signing Officer or Director — Date