

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90056 045 ****61.25

DOCUMENT # N01000002489
1. Entity Name OCEAN HAMMOCK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business 277 SE 5TH AVE DELRAY BEACH, FL 33483	Mailing Address 277 SE 5TH AVE DELRAY BEACH, FL 33483
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2. Principal Place of Business 2295 NW Corporate BLVD Suite, Apt. #, etc. 138	3. Mailing Address 2295 NW Corporate BLVD Suite, Apt. #, etc. 138
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City & State Boca Raton FL	City & State Boca Raton FL
Zip 33431	Zip 33431
Country Palm Beach	Country Palm Beach

6. Name and Address of Current Registered Agent GLICKSTEIN, CARY 277 SE 5TH AVE DELRAY BEACH, FL 33483	7. Name and Address of New Registered Agent Name Lawrence J. Morina III Street Address (P.O. Box Number is Not Acceptable) 2295 NW Corporate BLVD Suite 138 City Boca Raton, FL FL Zip Code 33431
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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 <u>Lawrence J. Morina III</u> <u>Lawrence J. Morina III</u> <u>2/4/05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>

Filing Fee is \$81.25 Due by May 1, 2005	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	DPV GLICKSTEIN, CARY D 277 SE 5TH AVE DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alexander P. Dyer (PRES) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1240 Pelican Ln. Delray Beach FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GLICKSTEIN, CARY D 277 SE 5TH AVE DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Howard J. Armstrong III <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (PRES/SEC) 1244 Pelican Lane Delray Beach FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, MICHAEL 277 SE 5TH AVE DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	David Lloyd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (VP) 1236 Pelican Ln. Delray Beach FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARR, KEVIN 277 SE 5TH AVE DELRAY BEACH, FL 33483 <input checked="" 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 exemption stated in Section 119.07(3)(i), 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: <u>X</u> <u>Alexander P. Dyer</u> <u>2/4/05</u> <u>561-278-6299</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>DATE</small> <small>Daytime Phone #</small>