


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> N01000002489	
1. Entity Name OCEAN HAMMOCK HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 2295 NW CORPORATE BLVD 138 BOCA RATON, FL 33431	Mailing Address 2295 NW CORPORATE BLVD 138 BOCA RATON, FL 33431
--	--



01062006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 74-3030294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  MORINA, LAWRENCE J III 2295 NW CORPORATE BLVD STE 138 BOCA RATON, FL 33431
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P DYER, ALEXANDER P 1240 PELICAN LN DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TS HRMSTRONG, HORD J III 1244 PELICAN LANE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP LLOYD, DAVID 1236 PELICAN LANE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

U00000390058  
01/23/06-80010-006 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/06 561-278-6799  
Date Daytime Phone #