

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007470

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: RIVER OAKS IN THE HAMMOCK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5182 N. OCEANSHORE BLVD.  
SUITE A  
PALM COAST, FL 32137 US

**New Principal Place of Business:**

17 RIVER OAKS WAY  
PALM COAST, FL 32137 US

**Current Mailing Address:**

5182 N. OCEANSHORE BLVD.  
SUITE A  
PALM COAST, FL 32137 US

**New Mailing Address:**

17 RIVER OAKS WAY  
PALM COAST, FL 32137 US

FEI Number: 02-0580304

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILESTONE MANAGEMENT  
5182 N. OCEANSHORE BLVD.  
SUITE A  
PALM COAST, FL 32137 US

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

VINNICK, SHANNON  
17 RIVER OAKS WAY  
PALM COAST, FL 32137 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: SHANNON VINNICK

04/26/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DEREK V.H. FOWKES,  
Address: PO BOX 354928  
City-St-Zip: PALM COAST, FL 32135

Title: VD (X) Delete  
Name: LERNER, DONALD  
Address: PO BOX 354928  
City-St-Zip: PALM COAST, FL 32135

Title: STD (X) Delete  
Name: LERNER, BRENDA  
Address: PO BOX 354928  
City-St-Zip: PALM COAST, FL 32135

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: VINNICK, SHANNON  
Address: 17 RIVER OAKS WAY  
City-St-Zip: PALM COAST, FL 32135

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

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

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: SHANNON VINNICK

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date