## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000007470

FILED Jan 07, 2008 Secretary of State

Entity Nan	ne: RIVER OA	AKS IN THE HAMMOCK HOM	IEOWNERS ASSOCIATION, INC		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
51 ATLANT PALM COA	TIC DRIVE IST, FL 32137	US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
51 ATLANT PALM COA	TIC DRIVE IST, 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:			Name and Address of	Name and Address of New Registered Agent:	
LAMB, DAVID A 51 ATLANTIC DRIVE PALM COAST, FL 32137 US			51 ATLANTIC DRIVE	LAMB, DAVID A SEC/TRE 51 ATLANTIC DRIVE PALM COAST, FL 32137 US	
The above in the State	named entity s of Florida.	ubmits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: TIMOTHY CONNER				01/07/2008	
	Electroni	c Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () LIPTON, RICHAI 1704 JOHN AND ORMOND BEAC	ERSON DRIVE	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DIR () LAMB, DAVID A 51 ATLANTIC DI PALM COAST, F		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	DIR () KOVALTCHOUK 2690 JOHN AND ORMOND BEAC	ERSON DRIVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

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: DAVID A. LAMB DIR 01/07/2008