


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90039 024 \*\*\*\*61.25

<b>DOCUMENT #</b> N02000001159	
<b>1. Entity Name</b> DEER HAMMOCK HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> 6331 BEE RIDGE ROAD SARASOTA FL 34241	<b>Mailing Address</b> 6331 BEE RIDGE ROAD SARASOTA FL 34241
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<b>2. Principal Place of Business</b> P.O. BOX 50853 Suite, Apt. #, etc. SARASOTA, FL City & State 34232 Zip	<b>3. Mailing Address</b> P.O. BOX 50853 Suite, Apt. #, etc. SARASOTA, FL City & State 34232 Zip
Country USA	Country USA



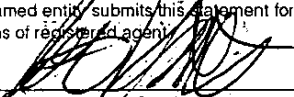
1st MOORE CR2E037 (10/04)

<b>4. FEI Number</b> NO-T APPLICABLE	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b> ESPOSITO, VALERIE 11253 DEER PRAIRIE DR. SARASOTA FL 34240
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<b>7. Name and Address of New Registered Agent</b> Name: Peter Krotec Street Address (P.O. Box Number is Not Acceptable): 1900 Ringling Blvd. City: Sarasota FL Zip Code: 34236
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<b>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.</b> SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE: 3/18/05
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<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GUMM, RICHARD P.O. BOX 50853 SARASOTA FL 34232 <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	VPD KVOTEC, CATHY 17774 DEER PRAIRIE DR SARASOTA FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Secretary Catherine Krotec 17774 Deer Prairie Dr. SARASOTA, FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ESPOSITO, VALERIE 17253 DEER PRAIRIE DRIVE SARASOTA FL 34240 <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	Vice President Eugene Freeman 7341 Linden Lane SARASOTA, FL 34243 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director MS. Amy O'Brien 17773 Deer Prairie Dr. SARASOTA, FL 34240 <input type="checkbox"/> Change <input checked="" 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:** Catherine Krotec Catherine Krotec 3/18/05 941-928-3932  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #